MAXIMUS Federal Services

Case Number:	CM14-0123759		
Date Assigned:	09/16/2014	Date of Injury:	03/09/2001
Decision Date:	10/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female was reportedly injured on March 9, 2001. The most recent progress note, dated June 16, 2014, indicates that the injured employee had completed a functional restoration program and had done well. There were plans to attend pain psychology and start a home exercise physical therapy routine. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes participation in a functional restoration program, home exercise and oral medications. A request had been made for gabapentin, lidocaine patches and Skelaxin, and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 100mg #270 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The most recent summarized progress note, dated June 16, 2014, does not indicate that the injured employee has any complaints of radicular symptoms. Considering this, the request for gabapentin 100mg tablets is not medically necessary.

Lidoderm patch 5% #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for lidocaine patches is not medically necessary.

Skelaxin 800mg #120 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Skelaxin is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated June 16, 2014, the injured worker does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Skelaxin is not medically necessary.