

Case Number:	CM14-0126004		
Date Assigned:	08/13/2014	Date of Injury:	01/03/2005
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 01/03/2005. The mechanism of injury involved a fall. Current diagnoses include right L3-4 radiculopathy, right lumbar radiculopathy with lower extremity weakness, disc protrusion, lumbar facet joint arthropathy, lumbar sprain/strain, depression, borderline diabetes mellitus, and gout. The injured worker was evaluated on 08/15/2014 with complaints of bilateral lower back pain radiating into the right lower extremity. The current medication regimen includes Seroquel, Percocet, Abilify, Lorazepam, Pristiq, cyclobenzaprine, and gabapentin. Physical examination on that date revealed restricted lumbar range of motion, spasm, positive lumbar discogenic provocative maneuvers, diminished strength in the right lower extremity, decreased sensation in the right L3 and L4 dermatomes, and an antalgic gait. Treatment recommendations at that time included an appeal request for Percocet 10/325 mg, Robaxin 750 mg, Neurontin 800 mg, Flexeril 10 mg, and a urine drug screen. There was no Request for Authorization Form submitted on the requesting date. A previous Request for Authorization Form was submitted on 06/24/2014 for cyclobenzaprine 10 mg, gabapentin 800 mg, and Percocet 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. As per the documentation submitted, the injured worker is currently utilizing cyclobenzaprine. There is no documentation of this injured worker's current utilization of Robaxin 750 mg. The medical necessity for 2 separate muscle relaxants has not been established. As such, the request of Robaxin 750mg #180 is not medically necessary and appropriate.

Neurontin 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state gabapentin is recommended for neuropathic pain. The injured worker has continuously utilized this medication since 03/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request of Neurontin 800mg #90 is not medically necessary and appropriate.