

Case Number:	CM14-0182838		
Date Assigned:	11/07/2014	Date of Injury:	01/17/2007
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 59-year-old man who sustained a work-related injury on July 17, 2007. Subsequently, he developed chronic pain and ankle pain and was diagnosed with complex regional syndrome. The patient was also diagnosed with the insomnia, left knee strain, lumbar radiculopathy and myofascial pain. The patient was treated with morphine and Norco. According to a progress report dated on June 2, 2014, the patient was complaining of severe pain with a severity rated 7/10 in the left knee and left ankle despite the use of Norco, Cyclobenzaprine and Topical Analgesics. The pain severity was 5/10 with medications and 8-9/10 without medication. The provider is requesting authorization to use Gabapentin and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg qd #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 41-42, 77-78.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no recent evidence of spasm. Therefore, the request for Cyclobenzaprine tablets 7.5mg #90 tid is not medically necessary.

Gabapentin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. There is no documentation that the patient developed neuropathic pain. The patient was diagnosed with complex regional syndrome, however and except for the pain there are no other clinical findings to support the diagnosis. Therefore the request for Gabapentin 100mg #90 is not medically necessary.