

Case Number:	CM14-0024683		
Date Assigned:	07/02/2014	Date of Injury:	10/23/2007
Decision Date:	08/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of October 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrical stimulation; and adjuvant medication. In a utilization review report dated January 30, 2014, the claims administrator denied a request for Gabapentin, Flexeril, and Prilosec. The applicant's attorney subsequently appealed. In a June 20, 2013 progress note, the applicant was described as presenting with complaints of severe low back pain. It was stated that the applicant had failed conservative treatment in form of physical therapy, acupuncture, medications and injections. It was also stated that the applicant could consider a surgical consultation/surgical remedy. The applicant's medication list was not attached on this occasion. On October 21, 2013, the applicant was again described as reporting heightened complaints of low back pain radiating to the bilateral lower extremities, left greater than right. The applicant's work status was not furnished, although it did not appear that the applicant was working. On December 2, 2013, the applicant was again described as reporting persistent complaints of low back pain radiating to the left leg. Numbness in the leg and burning arm pain was also noted. The applicant's work status was not attached. On January 6, 2014, the applicant was described as reporting highly variable 4 to 7/10 low back, left shoulder, and left arm pain. The applicant was having difficulty squatting and walking. The applicant's work status was not furnished. The applicant's medications were also not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, Quantity: 60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is using other analgesic and adjuvant medications, including Neurontin. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Gabapentin 300mg, Quantity: 180 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant using Gabapentin should be asked at each visit as to whether there has been a change in pain or function through ongoing usage of same. In this case, however, the attending provider has not established the presence of any ongoing improvements in pain and/or function achieved as a result of ongoing Gabapentin usage. There is no evidence of subjective diminution in pain and/or improved ability to perform activities of daily living and/or successful return to work achieved as a result of ongoing gabapentin usage. If anything, the progress note provided suggested that the applicant's pain complaints are heightened, as opposed to reduced, despite ongoing Gabapentin usage. The applicant's work status has not been clearly detailed. The attending provider has not incorporated any discussion of medication efficacy into his decision to renew Gabapentin. Therefore, the request is not medically necessary.

Prilosec 20mg, Quantity: 60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitor such as Prilosec to combat NSAID-induced

dyspepsia, in this case, however, there is no mention of any active symptoms of reflux heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, voiced on any recent progress note. Therefore, the request is not medically necessary.