

Case Number:	CM14-0091755		
Date Assigned:	07/25/2014	Date of Injury:	03/30/2014
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 37-year-old male who reported an injury on 03/30/2014 while working out at the gym. Diagnosis was low back pain. Past treatments were chiropractic treatments, and physical therapy. Diagnostic studies were an MRI of the lumbar spine. The impression from the MRI was L4-5, revealed progression of multifactorial changes with more prominent neural foraminal stenosis. Surgical history was not reported. Physical examination on 07/17/2014 revealed extremities and spine were grossly normal. There was midline lower lumbar pain and tenderness of the right SI region, and improved range of motion for forward flexion was to 80 degrees, lateral flexion bilaterally was to 20 degrees, extension was to 5 degrees with pain. Medications were Norco. The treatment plan was to continue physical therapy, and start taper of Galise over the next 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Program # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The request for pain management program quantity 1 is non-certified. The California Medical Treatment Utilization Schedule states chronic pain programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet patient selection criteria. There are several types of programs available such as multidisciplinary pain centers, multidisciplinary pain clinics, pain clinics and modality oriented clinics. Criteria set forth by the medical guidelines for chronic pain programs are an adequate and thorough evaluation has been made, including baseline functional testing so followup with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and negative predictors of success have been addressed. The injured worker is not a candidate for surgery at this moment. The injured worker does not have a significant loss of ability to function independently. Therefore, the request is non-certified.

Cyclobenzaprine HCL 10 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

Decision rationale: The request for cyclobenzaprine HCL 10 mg quantity 60 is non-certified. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.

Gralise 600 mg # 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

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

Decision rationale: The request for Gralise 600 mg quantity 270 is non-certified. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has

been considered as a first line treatment for neuropathic pain. The injured worker was not diagnosed with neuropathic pain. Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.

Gralise 300 and 600 mg starter set # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

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

Decision rationale: The request for Gralise 600 mg quantity 300 is non-certified. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The injured worker was not diagnosed with neuropathic pain. Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.