

Case Number:	CM14-0212576		
Date Assigned:	12/29/2014	Date of Injury:	06/22/2007
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 47-year-old male with an 8/22/07 date of injury. At the time (11/6/14) of the request for authorization for Retrospective: 60 Tablets of Diclofenac 100mg DOS: 11/16/2014; Retrospective: 90 Tablets of Cyclobenzaprine 75mg DOS: 11/16/2014; and Retrospective: 60 Tablets of Gabapentin 100mg DOS: 11/16/2014, there is documentation of subjective (low back pain, occasionally radiates to the left lower extremity with cramping/tingling to left calf) and objective (tenderness to palpation, positive straight leg raise) findings, current diagnoses (lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, myofascial pain, and hypertension NOS), and treatment to date (medication including ongoing use of Diclofenac, Cyclobenzaprine, and Gabapentin). Regarding Retrospective: 60 Tablets of Diclofenac 100mg DOS: 11/16/2014, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diclofenac use to date. Regarding Retrospective: 90 Tablets of Cyclobenzaprine 75mg DOS: 11/16/2014, there is no documentation of acute exacerbation of chronic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks). Regarding Retrospective: 60 Tablets of Gabapentin 100mg DOS: 11/16/2014, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective : 60 Tablets of Diclofenac 100mg DOS:11/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant-inflammatory medications; NSAIDS, (non-steroidal anti-inflamma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium, Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, myofascial pain, and hypertension NOS. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Diclofenac, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diclofenac use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective: 60 Tablets of Diclofenac 100mg DOS: 11/16/2014 is not medically necessary.

Retrospective: 90 Tablets of Cyclobenzaprine 75mg DOS:11/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Cyclobenzaprine (Flexeril, Amrix, Fexmid, generi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain). Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low

back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, myofascial pain, and hypertension NOS. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Retrospective: 90 Tablets of Cyclobenzaprine 75mg DOS: 11/16/2014 is not medically necessary.

Retrospective: 60 Tablets of Gabapentin 100mg DOS:11/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) ; regarding Gabapentin(Neurontin, Gabaro.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, myofascial pain, and hypertension NOS. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for Retrospective: 60 Tablets of Gabapentin 100mg DOS: 11/16/2014 is not medically necessary.