

Case Number:	CM14-0212818		
Date Assigned:	12/30/2014	Date of Injury:	05/28/2010
Decision Date:	02/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/19/2014

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, District of Columbia, Maryland
 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:

37-year-old injured worker who sustained slip and fall type event on May 28, 2010 resulting in a low back injury. The injured employee currently carries the diagnosis of back pain, radiculopathy, sciatica and myofascitis. Treatment to date has included medications, injections, physical therapy and a lumbar surgery dating back to March 2011. There is a December 9, 2014 progress note indicating that the employee has not taken the medication gabapentin subsequent to September 16, 2014. The previous progress note indicated ongoing complaints of low back pain. The physical examination noted this 195 pound individual to be alert, with some specimen the lower lumbar spine, multiple trigger points are noted, and decrease in station over the left lower extremity. Tenderness to palpation is also noted as well as a positive straight leg raise. MRI noted a disc lesion at L5, however electrodiagnostic studies are "negative report."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Flexeril with 1 Refill between 11/4/2014 and 12/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (vanTulder, 2003) (vanTulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, the efficacy of this medication has not been objectified in the progress note presented for review, so the requested treatment is not medically necessary.

1 Month Supply of Gabapentin with 3 Refills between 11/4/2014 and 12/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG (p. 17), "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The progress notes offered do not document any improvement, efficacy, or achievement of its intended goals. Therefore, the continued use of this medication is not supported.

1 Month Supply of Celebrex with 1 Refill between 11/4/2014 and 12/19/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs, and Anti-inflammatory Medications, and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66 and 73.

Decision rationale: The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured worker's knee pain. The request is medically necessary. While the MTUS does note that "long-term use may not be warranted" (Van Tulder-Cochrane, 2000) Cox-two inhibitors may be considered the patient has a risk of gastrointestinal complications. Therefore, the continued use of this medication is supported.