MAXIMUS Federal Services

Case Number:	CM14-0218243		
Date Assigned:	01/07/2015	Date of Injury:	09/11/2007
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 52-year-old male with a work injury dated 09/11/2007. He was at a construction site lifting sheet rock when he had the acute onset of pain and right lower extremity radiculopathy. Progress note dated 11/20/2014 notes the injured worker (IW) returned for follow up. Epidural steroid injection was done on 09/29/2014 without much pain relief. He states his current medications of Flexeril, Norco and naproxen; omeprazole, Trazadone and gabapentin are helpful and well tolerated. He stated he can sleep better and feels his medications improve his quality of life and allows him to complete his activities of daily living. On evaluation he was complaining of aching pain in the low back, right buttock, right anterior thigh and right calf. He rates the pain as 8/10 without medications and 7/10 with medications. Pain is unchanged since his last appointment and he denies any new symptoms. Other treatments include massage therapy and TENS unit. Physical exam reveals 4 + strength in right lower extremity with decreased sensation in the right lower extremity. The IW notes increased pain with flexion and extension of the lumbar spine. Straight leg raise is positive on the right. Lumbar MRI was done on 10/28/2013. Bilateral EMG/NCV was done on 10/29/2013. Reports are available in the submitted records. Diagnoses include Low back pain, lumbar radiculopathy, lumbar degenerative disc disease and lumbar discogenic pain. The provider notes "we will continue with medication management" and requested Gabapentin 800 mg one tab by mouth three times daily # 90, 2 refills for neuropathic pain and Flexeril 10 mg to 1 tab by mouth bid # 60 for acute flare ups of muscle spasm. On 12/16/2014 utilization, review issued a decision denying Flexeril stating: This is a muscle relaxant. It is only indicated for short-term use with acute pain. This case is chronic.

There is no support to use for chronic pain. Gabapentin was modified as a partial certification. Current request was for Gabapentin 90 with 2 refills. The request was partially certified for # 90. Guidelines cited were MTUS 2009, Chronic Pain Treatment Guidelines, Flexeril and anti-epilepsy drugs. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tablets 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There was a decreased in pain from 8/10 to 7/10 on multiple medications and general statements of improvement in function but it is unclear if cyclobenzaprine is necessarily contributing to this improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued chronic use is considered not medically necessary.

Gabapentin tablets 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): pp16-19, 49.

Decision rationale: The request for gabapentin is not medically necessary. According to MTUS guidelines, it is effective for diabetic painful neuropathy and post-herpetic neuralgia. There should be documentation of pain relief, improvement in function, and side effects experienced by the patient. Medical records indicate that gabapentin improved burning pain, numbness, and tingling but he continued with spasms. Improvement in function and side effects were not documented. The patient did continue with pain according to recent documentation. Guidelines recommend switching to another first-line drug if there was inadequate pain control. There is not enough documentation to support enough benefit of gabapentin for continued use. The request is considered not medically necessary.