

Case Number:	CM15-0008778		
Date Assigned:	02/03/2015	Date of Injury:	11/21/2012
Decision Date:	03/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California
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:

The injured worker is a 35 year old female with an industrial injury dated 11/21/2012. Her diagnoses include left sciatica and left ovarian cyst. Recent diagnostic testing has included x-rays of the lumbar spine (04/29/2014) showing slight disc space narrowing, and a MRI of the lumbar spine (06/05/2014) showing normal findings. She has been treated with medication. In a progress note dated 06/27/2014, the treating physician reports left sciatica with pain localized to the left side at L5-S1. The objective examination revealed positive straight leg raises on the right, intact sensation and motor strength in the lower extremities, and absent deep tendon reflexes in the lower extremities. The treating physician is requesting medications which were denied by the utilization review. ON 12/19/14, it was noted that Gabapentin did not control the paresthesia. On 01/02/2015, Utilization Review non-certified a prescription for Voltaren XR 100mg 1 tablet by mouth every day, noting that the amount requested was not provided. The MTUS Guidelines were cited. On 01/02/2015, Utilization Review non-certified a prescription for Neurontin 600mg three times daily, noting that the amount requested was not provided. The MTUS Guidelines were cited. On 01/02/2015, Utilization Review non-certified a prescription for Flexeril 7.5mg 1 tablet by mouth three times daily, noting the lack of documentation regarding how long the injured worker has been taking this medication and the recommended guidelines for short term therapy only. The MTUS Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of Voltaren XR 100mg 1 tablet by mouth every day, Neurontin 600mg three times daily, and Flexeril 7.5mg 1 tablet by mouth three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 MG 1 Tab By Mouth Every Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant prescribed Voltaren without mention of , quantity or length of use. There was no indication of Tylenol failure. Continued use of Voltaren is not medically necessary.

Neurontin 600 MG TID #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. The claimant did not have significant benefit from the use of Neurontin as mentioned in 12/19/14. Neurontin is not medically necessary.

Flexeril 7.5 MG 1 Tab By Mouth TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep.

Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The length of prior Flexeril use is unknown. Long term use in combination with other medications is not recommended. Length of future treatment and quantity is not specified. The Flexeril is not medically necessary.