

Case Number:	CM15-0010902		
Date Assigned:	02/13/2015	Date of Injury:	11/21/2011
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 31-year-old female who sustained an industrial injury on 11/21/2011. Diagnoses include post laminectomy syndrome, and myofascial pain syndrome. Treatment to date has included medications, physical therapy, facet blocks, chiropractic and acupuncture treatment, Transcutaneous Electrical Nerve Stimulation (TENS) Unit, and ice and heat. A physician progress note dated 12/23/2014 documents the injured worker complains of pain in her left foot, left lower back, and all the muscles over the iliac crest and hip pain which is rated 3 out of 10 on the pain scale and worst pain is 5 out of 10. The injured worker reports her pain is better and she expressed interest in starting to reduce her medicines. She state the Neurontin helps with her nerve pain. Treatment requested is for 1 Prescription of Flexeril 10 mg, and 1 prescription of Neurontin 2400mg (600mg, 600mg and 1200mg. On 01/15/2015 Utilization Review non-certified the request for Flexeril 10mg and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for Neurontin 2400mg (600mg, 600mg and 1200mg was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Neurontin 2400mg (600mg, 600mg and 1200mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin), Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neurontin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 2400mg (600 mg, 600 mg, 1200 mg) is not medically necessary. Neurontin (Gabapentin) is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are post laminectomy pain syndrome; and myofascial pain syndrome (which have been improving). Neurontin is recommended for neuropathic pain conditions. There are no subjective, objective or diagnoses indicative of a neuropathic process. Consequently, absent clinical documentation demonstrating a neuropathic condition, Neurontin 2400mg (600 mg, 600 mg, 1200 mg) is not medically necessary.

1 Prescription of Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are post laminectomy pain syndrome; and myofascial pain syndrome (which have been improving). The documentation indicates the injured worker has been taking Flexeril as far back as May 20, 2014. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbations in patients with chronic low back pain. The documentation does not indicate there is an exacerbation of acute low back pain. Additionally, the treating physician is clearly exceeded the recommended guidelines for short-term use (less than two weeks). There is no documentation evidencing objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support the continued use of Flexeril, Flexeril 10mg is not medically necessary.

