

Case Number:	CM15-0013740		
Date Assigned:	02/02/2015	Date of Injury:	04/03/2013
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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 59 year old male who sustained a work related injury April 3, 2013. Past history included diabetes, hypertension, s/p open reduction/internal fixation exploration reduction of left scapholunate dislocation April 2013, left wrist fracture with pin (scaphoid and lunate) April 2013. According to a progress report dated December 2, 2014, the injured worker presented with continued lumbar spine pain and spasm over the paraspinal musculature. Straight leg raise testing elicits bilateral lower extremity, right greater than left, radicular pain and numbness. Range of motion of the lumbar spine reveals flexion 25 degrees, extension 8 degrees, and right side bending 12 degrees, left side handwritten evaluation not legible. Diagnoses are cervical musculoligamentous sprain/strain with severe degenerative disc disease at C3-C7 with left upper extremity radiculitis and mild left neuroforaminal stenosis at C5 and C7; thoracolumbar musculoligamentous sprain/strain and bilateral shoulder sprain/strain. Treatment plan includes a follow-up with physician for possible lumbosacral facet injection; continue medications and a request for authorization for Flexeril and Neurontin. According to utilization review dated December 24, 2014, the request for Flexeril 10 mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Neurontin 600mg #90 is non-certified, citing 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 Flexeril 10mg #60: 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): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment 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 cervical musculoligamentous sprain/strain with severe degenerative disc disease C-3 through C7; left upper extremity radiculitis; mild left neuroforaminal stenosis at C5-C7; thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and moderate degenerative disc disease; bilateral shoulder sprain/strain; status post open reduction/internal fixation exploration, reduction in left scapholunate dislocation; status post access the anterior neck intubation site; and left wrist fracture with pin (scaphoid and lunate). The documentation from an October 23, 2014 progress note shows the injured worker was taking Flexeril 7.5 mg. Flexeril is indicated for short-term use (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic back pain. There is no documentation of an acute exacerbation of back pain. Additionally, the treating physician clearly exceeded the recommended guidelines short-term (less than two weeks) treatment. Consequently, absent clinical documentation in excess of the recommended guidelines for short-term (less than two weeks) Flexeril use, Flexeril 7.5 mg #60 is not medically necessary.

1 Prescription of Neurontin 600mg #90: 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 Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Pain section, Neurontin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #90 is not medically necessary. 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 cervical musculoligamentous sprain/strain with severe degenerative disc disease C-3 through C7; left upper extremity radiculitis; mild left neuroforaminal stenosis at C5-C7; thoracolumbar

musculoligamentous sprain/strain with bilateral lower extremity radiculitis and moderate degenerative disc disease; bilateral shoulder sprain/strain; status post open reduction/internal fixation exploration, reduction in left scapholunate dislocation; status post access the anterior neck intubation site; and left wrist fracture with pin (scaphoid and lunate). Documentation indicates the injured worker was started on gabapentin 600 mg October 23, 2014. The documentation does not contain evidence of objective functional improvement with which to gauge gabapentin's efficacy. A nerve conduction velocity study was performed that did not show evidence of radiculopathy. It did show evidence of mild peripheral diabetic neuropathy. Consequently, absent clinical documentation with evidence of objective functional improvement, gabapentin 600 mg #90 is not medically necessary.