

Case Number:	CM15-0124608		
Date Assigned:	07/09/2015	Date of Injury:	10/08/2013
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 54-year-old male, who sustained an industrial injury on 10/8/13. He reported immediate pain in cervical, thoracic and lumbar spines following a motor vehicle accident. The injured worker was diagnosed as having cervical radiculopathy at C5-6, lumbar radiculopathy L4-5, significant trigger points in cervical spine causing spasm and lumbar spine trigger points. Treatment to date has included epidural steroid injections, oral medications including Neurontin, acupuncture, chiropractic treatments, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 9/7/14 revealed minimal retrolisthesis of L3-4 with diffuse bulge and trace broad based disc bulge and mild facet arthropathy of L4-5 and L5-S1. Currently on 4/20/15, the injured worker complains of continued sharp, dull, aching pain with stabbing and burning in the cervical, thoracic and lumbar spine; it is unchanged and radiates to right upper extremity and down to right lower extremity. He rates the pain as 6-7/10 baseline and alleviated with rest, heat and medications. Physical exam performed on 4/20/15 noted tenderness to palpation over the lumbar paraspinals; limited range of motion of lumbar spine restricted by pain and diminished sensation in L4-5. A request for authorization was submitted on 5/29/15 for Neurontin 100mg and Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Gabapentin Page(s): 18-19.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which 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. The records documented that the patient has neuropathic pain related to his chronic low back condition. The injured worker did not have a diagnosis of diabetic neuropathy or post-herpetic neuralgia. Neurontin has been part of his medical regimen. However, the records documented that when Neurontin was used alone, and not in combination with an opioid analgesic, did not provide significant pain relief. In addition, work status is documented repeatedly as "same". The requested medication is not recommended or medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: According to the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Furthermore, work status is repeatedly documented as "same". Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Flexeril is not medically necessary.