

Case Number:	CM15-0171840		
Date Assigned:	09/14/2015	Date of Injury:	06/13/2013
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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 26 year old female who sustained an industrial injury on 6-13-13. Diagnoses noted are neck pain, pain in joint shoulder-right, syndrome cervicobrachial, pain in joint forearm-right wrist, and lesion ulnar nerve. Previous treatment includes 1 out of 6 sessions of acupuncture thus far, electrodiagnostic testing of the right upper extremity 9-12-13, MRI-cervical and medications. In a visit note dated 5-15-15, the physician reports she continues to have pain in the right wrist with radiation up to the arm and neck. Pain is worse with increased use of the right hand and better with rest and medications. Objective exam reveals significant spasm present on the right cervical paraspinous musculature and along the upper trapezius. There is also diffuse spasm in the right forearm compared to the left. Current medications are Flector 1.3% Patch, Tramadol-APAP 37.5-325mg, Venlafaxine HCL ER, and Gabapentin. It is noted that she was authorized for a surgical consult but has not been able to find a provider in the medical provider network. It is noted she has been experiencing worsening pain in the right upper extremity for the past year and the pain is now more constant. She has diffuse pain throughout her right upper extremity but also has some neuropathic symptoms of numbness and tingling in the right ulnar distribution in the right hand. It is noted she is not having any benefit from the Tramadol and that she would like to avoid opioid medication. It is noted that Flexeril will be tried as needed for spasm as well as a 30 day trial of TENS (transcutaneous electrical nerve stimulation) for help with the pain. A 6-16-15 visit note reports pain is rated at 9 out of 10, has been worsening and now is more constant and that the pain and throbbing continues to affect her ability to perform activities of daily living. She is noted to be permanent and stationary. In a

visit note-medication-refill only dated 8-7-15, prescriptions were for refills of Gabapentin 600mg #60, 1-2 tablets at bedtime - nerve pain, quantity of 60 and Cyclobenzaprine-Flexeril 7.5mg #90 half to 1 tablet twice daily as needed for muscle spasm. The requested treatment of Gabapentin 600mg, quantity of 60 and Cyclobenzaprine (Flexeril) 7.5mg, quantity of 90 was denied on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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. Gabapentin is not medically necessary.

Cyclobenzaprine-Flexeril 7.5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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 claimant had been on Flexeril for several months and beyond the 1 month trial period. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.