

Case Number:	CM15-0175018		
Date Assigned:	10/08/2015	Date of Injury:	08/17/1999
Decision Date:	11/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 8-17-99. The injured worker has complaints of low back pain and weakness in back and using brace at times with stabbing pain with radiation to right leg. The injured workers pain level is 7-8 out of 10 without treatment and 4-5 out of 10 with treatment. The injured worker reports spasms and soreness in mid back and neck. The injured worker transfers and ambulates with a guarded stiff posture due to pain and he has tight muscle in neck and shoulder region. He has 50 degrees flexion of his back. There is tenderness to palpation across his low back and into the left gluteal region. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; pain in thoracic spine and lumbago. Treatment to date has included gralise to control numbness and tingling; gabapentin; robaxin; zanaflex and transcutaneous electrical nerve stimulation unit. The original utilization review (8-24-15) non-certified the request for gabapentin 600mg #120 and robaxin 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #120: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 8-17-99. The medical records provided indicate the diagnosis of degeneration of lumbar or lumbosacral intervertebral disc; pain in thoracic spine and lumbago. Treatment to date has included gabapentin to control numbness and tingling; gabapentin; robaxin; zanaflex and transcutaneous electrical nerve stimulation unit. The medical records provided for review do not indicate a medical necessity for Gabapentin 600mg #120. The MTUS recommends the use of antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommend that continued use be based on evidence of 30% reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where antiepileptic drugs have been found useful include: Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. Antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. The medical records indicate the injured worker has been using this medication at least since 03/2015, but with no documentation of 30% or more pain reduction. Therefore, the requested treatment is not medically necessary.

Robaxin 50mg #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): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 8-17-99. The medical records provided indicate the diagnosis of degeneration of lumbar or lumbosacral intervertebral disc; pain in thoracic spine and lumbago. Treatment to date has included gabapentin to control numbness and tingling; gabapentin; robaxin; zanaflex and transcutaneous electrical nerve stimulation unit. The medical records provided for review do not indicate a medical necessity for Robaxin 50mg #90. Robaxin (Methocarbamol) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the injured worker has been using muscle relaxants at least since 03/2015; therefore, the requested treatment is not medically necessary due to the long-term use of muscle relaxants.