

Case Number:	CM15-0028210		
Date Assigned:	02/20/2015	Date of Injury:	03/24/2009
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/15/2015

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, New York, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 24, 2009. In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve request for Flexeril and Neurontin. The claims administrator referenced a progress note and RFA form of January 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 7, 2015, the applicant reported ongoing complaints of low back pain, reportedly severe. The attending provider contended that the applicant was benefiting from Neurontin and Flexeril and reportedly renewed the same. This was not elaborated or expounded upon. Somewhat incongruously, the attending provider, however, discontinued Cymbalta on the grounds that the applicant had severe depression and anxiety despite ongoing usage of the same. Celexa was therefore introduced. The applicant's work status was not detailed. In a progress note dated December 2, 2014, the applicant reported ongoing complaints of depression, anxiety, low back pain, and knee pain. Permanent work restrictions were renewed. The applicant was using a cane to move about. It did not appear that the applicant was working with previously imposed permanent limitations. On October 21, 2014, Neurontin, Flexeril, Cymbalta, and Terocin were renewed. 8/10 pain complaints were evident. The applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 41 of 127.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of variety of other agents, including Neurontin, Cymbalta, Celexa, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet, one-refill supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Gabapentin 600mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS:Gabapentin (Neurontin, Gabarone™, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 19 of 127.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was/is off of work. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing gabapentin usage. The applicant was able to perform activities of daily living as basic as ambulating and was apparently using a cane to move about. The applicant reported pain complaints as high as 8/10, despite ongoing gabapentin usage, on October 21, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

