

Case Number:	CM15-0070602		
Date Assigned:	04/20/2015	Date of Injury:	05/14/2013
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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: Connecticut, California, Virginia
 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 37 year old female, who sustained an industrial injury on 5/14/2013, while employed as a housekeeper, with injury to her low back. The injured worker was described as being status post lumbar fusion in March 2014, with left lumbar radiculitis. Treatment to date has included diagnostics, medications, physical therapy, a back brace, lumbar surgery, and epidural injections. She was previously scheduled for lumbar epidural steroid injection, but this was delayed due to a cholecystectomy in 1/2015. Currently (3/16/2015), the injured worker complains of doing poorly and wished to proceed with the previously authorized injection. She was in obvious discomfort and had a slow antalgic gait. Her pain was not rated. Positive straight leg raise was noted on the left, with minimal leg elevation. Sensory exam was decreased in L4-S1 dermatomes. Motor weakness was noted. Medication use included Tramadol, Flexaril, Neurontin, and Ambien. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Neurontin 300MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin generic) are recommended for neuropathic pain, but if a 30% pain reduction is not produced from a trial consisting of three to eight weeks for titration and 1-2 weeks at maximum tolerated dose, changing pharmacologic treatment plans is recommended. The provided report from Utilization Review states that the request for Neurontin was modified (form #30 to #15), but does not include any clinical reasoning. Upon review of the record, it is not clear that the patient has already tried Neurontin and failed, and given the history, chronicity of symptoms, and potential to treat with Neurontin, the request is reasonable. Therefore the request for Neurontin is considered medically appropriate.

One (1) prescription of Flexeril 10mg #30: Upheld

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

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

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, Treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support continued use of the drug make the request for Flexeril not medically necessary.