

Case Number:	CM15-0072306		
Date Assigned:	04/22/2015	Date of Injury:	01/26/2011
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male, who sustained an industrial injury on 1/26/2011. Diagnoses have included lumbar disc disease and chronic lower back pain. Treatment to date has included medication. According to the progress report dated 2/11/2015, the injured worker complained of chronic pain in the mid back and lower back with pain involving the right hip and numbness involving the front of the left thigh as well as numbness and tingling involving the top and bottom of the toes of the right foot. The injured worker reported that medications were helping his symptoms. Physical exam revealed decreased range of motion of the right hip secondary to pain and tenderness over the greater trochanteric region. There was a cervical and lumbar tenderness and muscle spasm. Authorization was requested for Cyclobenzaprine and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Gabapentin 300MG #90. The utilization review letter on 04/01/15 indicates that the patient is currently taking Norco, Naprosyn, Gabapentin, Protonix, Flurbiprofen/Lidocaine cream and Methoderm cream. Regarding work status, the treater states that the patient remains permanent and stationary. MTUS guidelines page 18 and 19 states that: Gabapentin (Neurontin, Gabarone, generic available) 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. In this case, there is no documentation of how long this medication is being utilized with what efficacy in terms of pain reduction and functional improvement. MTUS require documentation of at least 30% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The requested Gabapentin is not medically necessary.

Cyclobenzaprine HCL 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Cyclobenzaprine HCL 7.5MG #60. The utilization review letter on 04/01/15 indicates that the patient is currently taking Norco, Naprosyn, Gabapentin, Protonix, Flurbiprofen/Lidocaine cream and Methoderm cream. Regarding work status, the treater states that the patient remains permanent and stationary. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, none of the reports specifically discusses this medication. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request is not medically necessary.