

<b>Case Number:</b>	CM14-0017648		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported a work related injury on 12/27/2000. The mechanism of injury was not provided in documentation for review. The injured worker's diagnoses include significant spinal pain, cervical spine discopathy, multilevel lumbar discopathy, morbid obesity, and diabetes. On 03/26/2014, she was seen for follow-up regarding her neck and back. The injured worker did have complaints of stabbing pain in her neck which she rated as 8- 9/10 along with radiating cervical spine pain, upper extremity numbness and tingling. The injured worker also complained of stabbing pain in the low back with pins and needle like sensation, pain level 8/10 to 9/10. The injured worker was not working and not attending any physical therapy. The injured worker's medications included Cyclobenzaprine, hydrocodone, Zolpidem tartrate, ranitidine and Norco. On physical exam, full shoulder motion was noted and accompanied by trapezius tenderness/pain. On examination for the lumbar spine, the injured worker's range of motion and ability to fully squat were limited due to pain. X-rays of the cervical spine were taken at this office visit and the findings were no substantial deterioration noted. The treatment plan was to refill medications and request 8 visits of physical therapy, dietary consultation, home cervical traction unit, and urinalysis. The request for Gabapentin, Ranitidine, and Cyclobenzaprine was submitted on 12/04/2013 and a rationale was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 300MG #240:** Upheld

**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 Page(s): 49.

**Decision rationale:** The injured worker is a 64-year-old female who reported a work related injury on 12/27/2000. The mechanism of injury was not provided in documentation for review. The injured worker's diagnoses include significant spinal pain, cervical spine discopathy, multilevel lumbar discopathy, morbid obesity, and diabetes. On 03/26/2014, she was seen for follow-up regarding her neck and back. The injured worker did have complaints of stabbing pain in her neck which she rated as 8- 9/10 along with radiating cervical spine pain, upper extremity numbness and tingling. The injured worker also complained of stabbing pain in the low back with pins and needle like sensation, pain level 8/10 to 9/10. The injured worker was not working and not attending any physical therapy. The injured worker's medications included Cyclobenzaprine, hydrocodone, Zolpidem tartrate, ranitidine and Norco. On physical exam, full shoulder motion was noted and accompanied by trapezius tenderness/pain. On examination for the lumbar spine, the injured worker's range of motion and ability to fully squat were limited due to pain. X-rays of the cervical spine were taken at this office visit and the findings were no substantial deterioration noted. The treatment plan was to refill medications and request 8 visits of physical therapy, dietary consultation, home cervical traction unit, and urinalysis. The request for Gabapentin, Ranitidine, and Cyclobenzaprine was submitted on 12/04/2013 and a rationale was not noted.

**RANITIDINE 150MG #60:** Upheld

**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 Page(s): 68.

**Decision rationale:** On the 03/26/2014 office visit, there was no documentation for gastrointestinal system assessment. The MTUS Chronic Pain Guidelines does support the ongoing use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal disturbances related to medication usage. Clinical documentation submitted for review does not provide a recent assessment of the injured worker's gastrointestinal system to support that they have an ongoing risk for developing symptoms that would require a gastrointestinal protectant. Therefore, continued use of this medication is not supported. The request as submitted also failed to provide the frequency at which the medication was to be taken. The request is not medically necessary and appropriate.

**CYCLOBENZAPRINE HCL 7.5MG #60:** Upheld

**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 Page(s): 41-42.

**Decision rationale:** On the 03/26/2014 office visit, there was no documentation for gastrointestinal system assessment. The MTUS Chronic Pain Guidelines does support the ongoing use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal disturbances related to medication usage. Clinical documentation submitted for review does not provide a recent assessment of the injured worker's gastrointestinal system to support that they have an ongoing risk for developing symptoms that would require a gastrointestinal protectant. Therefore, continued use of this medication is not supported. The request as submitted also failed to provide the frequency at which the medication was to be taken. The request is not medically necessary and appropriate.