

<b>Case Number:</b>	CM14-0111167		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 67 year old male who sustained an injury on 10/17/05. The mechanism of injury is noted as lifting heavy equipment. The injured worker was followed for ongoing complaints of chronic low back pain. Prior treatment includes lumbar surgical procedures including laminectomy and discectomy, physical therapy, multiple injections including epidural steroid injections and sacroiliac joint injections, and medications. Medication management included narcotic analgesics, anticonvulsants, topical analgesics, muscle relaxers, and anti-inflammatories. Per clinical note dated 06/19/14, the injured worker reported ongoing complaints of pain ranging 4 to 9/10 in severity with an average pain score was 5/10. At this visit the injured worker was utilizing Gabapentin 300 milligrams daily, Norco 10/325 milligrams as needed, Lidoderm patches 5 percent daily, Cyclobenzaprine 10 milligrams daily. Physical examination noted prior surgical scarring with tenderness to palpation in the lumbar spine from L4 through S1, positive facet loading signs with no tenderness over the sacroiliac joints, and motor range of motion. The requested Gabapentin 300 milligrams quantity ten with two refills, Lidoderm patch 5 percent quantity ten with two refills, and Flexeril 10 milligrams quantity 10 with two refills was denied by utilization review on 06/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #10, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED's-Neuropathic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Antiepileptics Page(s): 13-16.

**Decision rationale:** The injured worker was utilizing this medication on as needed basis. Prior utilization review from 06/28/14 noted that this request was modified to a quantity of ten with one refill only. The injured worker would not have reasonably required more than one refill of Gabapentin based on clinical documentation submitted for review. Therefore this request as submitted is not medically necessary or appropriate.

**Lidoderm Patch 5% #10, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

**Decision rationale:** Based on clinical documentation submitted for review this request is not medically recommended. Prior utilization review on 06/20/14 noted that this request was modified to a quantity of ten with one refill only. This patch is utilized on an as needed basis and would not have required the amount of refills requested. As such, the request for Lidoderm patches as submitted is not medically necessary.

**Flexeril 10mg #10, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. Based on the clinical documentation provided for review and current evidence based guidelines, the request for Flexeril 10 milligrams quantity ten with two refills is not medically necessary.