

<b>Case Number:</b>	CM14-0172604		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family Medicine and is licensed to practice in California. 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:

Patient had a date of injury on 3/4/2004. Patient injured his lower back - mechanism of injury not provided in the medical records. Patient has had a lumbar epidural steroid injection on 5/13/2013 with partial relief. Medications included: Norco, Anaprox, Prilosec, Fexmid, Dendracin topical analgesic cream, Remeron, and trigger point injections. Diagnosis include: Lumbar post-laminectomy syndrome, status post posterior lumbar interbody fusion (PLIF) at L4-L5, bilateral lower extremity radiculopathy left greater than right, depression, spinal cord stimulator placement, and cervical spine myoligamentous injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg quantity: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

**Decision rationale:** According to guidelines, most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. A "good" response to the use of antiepileptic drugs (AEDs) has

been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The patient does not meet guidelines for the use of Neurontin and thus is not medically necessary.

**Robaxin 750mg tablets quantity: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

**Decision rationale:** According to guidelines, Robaxin is a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Robaxin is not medically necessary.