

<b>Case Number:</b>	CM14-0022810		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Management and is licensed to practice in Florida. 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 52-year-old male who reported injury on 08/06/2003. The mechanism of injury was noted to be cumulative trauma. The injured worker was noted to have undergone a left knee and a lumbar surgery. Prior treatments included physical therapy, medications, psychological treatment and pool therapy. The documentation of 01/08/2014 revealed the injured worker had complaints of mild left knee pain, mild right knee pain, and moderate low back pain. Additionally, the injured worker had left index pain and moderate neck pain. The diagnoses included status post left index finger sprain-resolved, status post medial meniscectomy left knee with residual pain, status post lumbar surgery of probable laminectomy and discectomy of L4-L5, rule out recurrent herniated nucleus pulposus, status post lateral meniscus repair and partial meniscectomy. The treatment plan included Gabapentin 300 mg #60 for nerve pain; Norco 10/325 mg #60 for breakthrough pain; and Flexeril 7.5 mg #90 for a muscle relaxant as well as Tramadol 150 mg as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg #60 between 01/08/2014 and 01/21/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

**Decision rationale:** The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating the injured worker had neuropathic pain and of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 300 mg #60 between 01/08/2014 and 01/21/2014 is not medically necessary.

**Flexeril 7.5 mg #90:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The duration of use could not be established through the supplied documentation. There was a lack of documentation indicating a necessity for 90 tablets. The request as submitted failed to indicate the frequency. Given the above, the request for Flexeril 7.5 mg #90 is not medically necessary.

**Gabapentin 300 mg #60 between 01/08/2014 and 01/08/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

**Decision rationale:** The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating the injured worker had neuropathic pain and of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 300 mg #60 between 01/08/2014 and 01/08/2014 is not medically necessary.

