

<b>Case Number:</b>	CM14-0026053		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Occupational 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 is a 52 year-old male with a date of injury of 12/11/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/21/2014, lists subjective complaints as persistent low back pain with radicular symptoms. The objective findings on examination of the lumbar spine revealed paraspinal muscle spasm on the left and right sides, motor strength and sensory exam for the lower extremities was intact. The injured workers diagnoses are the following: Intervertebral lumbar disc with myelopathy, lumbar region, and lumbar strain/sprain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as 6 months. Medications: 1. Flexeril 10mg, SIG: 1 tablet QID 2. Neurontin 600mg SIG: 2 tablets three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10 MG QUANTITY 1:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines states that muscle relaxants are recommended with caution only on a short-term basis. The medical records show that the patient has been taking Flexeril for at least 6 months, presumably for his lumbar strain. Therefore the medication is not medically necessary.

**NEURONTIN 600 MG QUANTITY ONE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that Gabapentin is an anti-epilepsy drug which 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. The patient does have a history of radicular pain which has been relieved with Gabapentin. I am reversing the prior UR decision. Gabapentin 600 mg, one prescription, is medically necessary.

**ONE FOLLOW UP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. I am reversing the prior UR decision. One follow-up visit for medication management is reasonable, and is therefore medically necessary.