

<b>Case Number:</b>	CM14-0040879		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

The patient is a 35-year-old female who has submitted a claim for other and unspecified disorders of back associated with an industrial injury date of May 15, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder and low back pain. Physical examination showed unrestricted ROM of the left shoulder and lumbar spine; tenderness over the bilateral lumbar paravertebral muscles, worse at L4 and L5-S1; positive straight leg raise on the left with pain in the posterior thigh at 50 degrees; bilateral low back pain on Patrick's test; mild pain ipsilaterally on both sides on lumbar facet loading maneuvers; and reduced light touch and pin prick in the entire left upper extremity and the left L4 and L5 distribution. Neck examination showed tenderness over the bilateral cervical paraspinal muscles with trigger points; tenderness over the upper thoracic paraspinal muscles and over the upper and mid cervical facet joints; radiating pain to the left shoulder on Spurling's test; and pain ipsilaterally on both sides on cervical facet loading maneuvers. Electrodiagnostic studies performed on April 15, 2013 demonstrated acute on chronic left L5 radiculopathy. The diagnoses were cervicalgia, cervical radiculopathy/radiculitis, cervical spondylosis without myelopathy, low back pain, lumbar or thoracic radiculopathy/radiculitis, lumbosacral spondylosis without myelopathy, myofascial pain, sleep disturbance, and depression. Treatment plan includes a request for gabapentin and Flexeril refill. Treatment to date has included ibuprofen, cyclobenzaprine, hydrocodone, psychology treatment, ESI, physical therapy, home exercise program, and work restrictions. Utilization review from March 7, 2014 denied the request for Gabapentin 100mg 1PO BID #60 because there was no documentation of objective neuropathy on physical examination. The request for Flexeril 7.5mg 1PO QHS #30 was also denied because there was no documentation of any specific objective muscle spasms on physical examination. Also, long-term use of muscle relaxants is not supported in the guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 100MG 1PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AED'S).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone<sup>TM</sup>, generic available); Gabapentin (Neurontin) Page(s): 16-18;49.

**Decision rationale:** According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. It is recommended as a trial for patients with lumbar spinal stenosis, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. In this case, Gabapentin intake was noted as far back as 2013. However, response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. Moreover, there were no current subjective and objective evidences of neuropathy based on the most recent progress reports. The medical necessity for continued use has not been established at this time. Therefore, the request for GABAPENTIN 100MG 1PO BID #60 is not medically necessary.

**FLEXERIL 7.5 MG 1 PO QHS #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS ( FOR PAIN), ANTISPASMODICS Page(s): 18,19 AND 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41- 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, Flexeril intake was noted as far back as July 2013. However, the medical records do not clearly reflect continued functional benefit from its use. Moreover, muscle spasm and acute exacerbation of pain were not evident in the records submitted. Long-term use is also not recommended. The medical necessity for continued use has not been established at this time. Therefore, the request for FLEXERIL 7.5 MG 1 PO QHS #30 is not medically necessary.