

<b>Case Number:</b>	CM14-0049071		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/08/2005
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58-year-old male with date of injury of 05/08/2005. The listed diagnoses per [REDACTED] dated 02/24/2014 are: 1) Low back pain, status post fusion with intermittent radiation into the legs, and 2) Depression and insomnia. According to this report, the patient presents with persistent low back pain. He is walking with the use of a cane and states that he is feeling better. He has had previous trigger point injections and epidural injections, which he states helped him to be able to get out of bed. He rates his pain between 6/10 to 7/10 without medications, and 2/10 to 3/10 with medications. The physical exam shows there is tenderness along the lumbar paraspinal muscles. He received a trigger point injection in the bilateral lumbar paraspinal muscles. He cannot stand on toes and heels. His gait is slightly antalgic and wide based. The patient is using a cane to ambulate. The utilization review denied the request on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding Gabapentin Page(s): 18, 19.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting gabapentin 600 mg #90. The California MTUS guidelines, pages 18 and 19, on gabapentin (Neurontin, Gabarone, generic available) 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 review of records shows that the patient has been taking gabapentin since 10/15/2013. The provider mentions medication efficacy stating that these medications are for the purpose of managing his symptoms and allowing him to be more functional. In addition, the provider notes that the patient's pain without medication is 6/10 to 7/10, and with medication it is 2/10 to 3/10. In this case, the patient does present with neuropathic pain and the continued use of gabapentin is reasonable. Therefore, the request for Gabapentin is medically necessary.

**Naproxen Sodium 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; Anti-inflammatory medications ; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67, 68.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting naproxen sodium 550 mg #60. The California MTUS guidelines, page 22, on anti-inflammatory medications, states: Anti-inflammatory medications are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. Furthermore, the MTUS guidelines, pages 67 and 68, under NSAIDs for chronic low back pain states: that it is recommended as an option for short-term symptomatic relief. The review of records shows that the patient has been taking naproxen since 10/15/2013. The treater documents medication efficacy, noting the patient's pain level at 6/10 to 7/10 without medication and 2/10 to 3/10 with medication. In this case, naproxen is considered first line treatment for chronic pain per the MTUS guidelines. Therefore, the request for Naproxen is medically necessary.

**1 trigger point injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting 1 trigger point injection. The California MTUS guidelines, on trigger point injection, page 122, states: It is recommended only for myofascial pain syndrome as indicated below, with limited

lasting value. Not recommended for radicular pain. The criteria for use of trigger point injections include: documentation of trigger points with evidence upon palpation; symptoms have persisted more than 3 months; medical management therapies have failed to control pain; radiculopathy is not present; not more than 3 to 4 injections per session; no repeat injections unless a greater than 50% relief is obtained for 6 weeks after injection, etc. The records show that the patient has had multiple trigger point injections in the past with some relief with the most recent one from 2/24/14. The provided documentation lacked the required 50% reduction of symptom relief lasting at least 6 weeks. Some relief of pain does not adequately satisfy the MTUS requirement. Therefore the request for one trigger point injection is not medically necessary.

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available);Muscle relaxants (for pain)  
Page(s): 64, 63.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting Flexeril 10 mg #60. The California MTUS guidelines, page 64, on cyclobenzaprine, states it is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and essential nervous system depressant with similar effects to tricyclic antidepressants (e.g., amitriptyline). In addition, this medication is not recommended to be used for longer than 2 to 3 weeks. The review of records shows that the patient has been prescribed Flexeril since 11/15/2013. In this case, Flexeril is not recommended for more than 2 to 3 weeks. Therefore the request for Flexeril 10mg #60 is not medically necessary.

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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available);Muscle relaxants (for pain)  
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case, Flexeril is not recommended for more than 2 to 3 weeks. Therefore the request for Flexeril 10mg #60 is not medically necessary.