

<b>Case Number:</b>	CM14-0054665		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review, indicate that this 62-year-old female was reportedly injured on December 12, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 18, 2014, indicated that there were ongoing complaints of worsening low back pain. The physical examination demonstrated muscle spasms, a restricted range of motion, tenderness to palpation, and positive straight leg raising bilaterally. Diagnostic imaging studies objectified multiple level, ordinary disease of life degenerative disc disease. Previous treatment included multiple medications, imaging studies, and chronic pain interventions. A request was made for multiple medications and was not certified in the pre-authorization process on April 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets Fexmid 7.5 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** This medication is a benzodiazepine. Benzodiazepines are recommended for a short course of therapy and there is no clinical indication for chronic or indefinite use. The California Medical Treatment Utilization Schedule (MTUS) speaks against its long-term use, as there are issues with dependence, and the efficacy and long-term use is not supported in the literature. Therefore, when noting the date of injury, the injury sustained, and the amount of time this medication has been deployed, there is no medical necessity for the continued use of this medication at this time.

**Neurontin 600 mg 60 capsules:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule (MTUS), the primary use of this medication is to treat diabetic neuropathy or post-herpetic neuralgia. Neither malady exists in this clinical situation. Furthermore, an "off-label" use of this medication is to address neuropathic lesion. When noting the findings identified on magnetic resonance imaging (MRI), there were multiple level degenerative changes; however, there was no note of a particular nerve root encroachment nor was there any electrodiagnostic evidence of a verifiable radiculopathy. Therefore, the specific neuropathic lesion that this medication is to address has not been identified. Furthermore, when noting this medication has been employed for a number of months with ongoing complaints of pain, it did not appear to be any efficacy or utility with the utilization of this medication. The most recent progress has failed to identify or discuss the lack of improvement. Therefore, medical necessity for this medication has not been established.