

<b>Case Number:</b>	CM14-0059111		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 51-year-old individual was reportedly injured on July 9, 2009. The mechanism of injury is not listed. The most recent progress note, dated April 1, 2014. Indicates that there are ongoing complaints of depression, and low back pain. The physical examination demonstrated neurological exam: deep tendon reflexes of the lower extremities are absent bilaterally for the patella and Achilles tendon. Diminished sensation to light touch L5-S-1 right lower extremity. Antalgic gate favoring the right side. Cervical spine: positive tenderness to palpation over the paraspinal muscles overlying the facet joints with trigger points noted over the upper trapezius muscles. Lumbar spine: positive tenderness to palpation over the paraspinal muscles overlying the facet joints with trigger points noted over the lower paraspinal. 1 + muscle spasm noted over the lower paraspinal muscles. Bilateral lower extremity muscle strength 5/5 equal bilaterally. No recent diagnostic studies were submitted for review. Previous treatment includes chiropractic care, medications, physical therapy, acupuncture, and epidural steroid injections. A request had been made for Hydrocodone 5/325 mg #90, Cyclobenzaprine 10 Mg #90, Gabapentin 300 mg #30, and was not certified in the pre-authorization process on April 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5 mg/acetaminophen 325 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Chronic Pain Medical Treatment Guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, the request for hydrocodone 5mg/acetaminophen 325 mg, ninety count, is not medically necessary or appropriate.

**Cyclobenzaprine 10 mg ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of skeletal muscle relaxants like Flexeril for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for cyclobenzaprine 10 mg ninety count is not medically necessary or appropriate.

**Gabapentin 300 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUG(AED'S).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, the request for Gabapentin 300 mg, thirty count, is not medically necessary or appropriate.