

<b>Case Number:</b>	CM14-0066799		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/05/1992
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 injured worker is a 53-year-old male who reported an injury on 09/05/1992. The mechanism of injury was not provided with the documentation submitted for this review. The injured worker's diagnoses were noted to be low back pain, foot pain, and radiculitis due to displacement of lumbar disc. Prior treatments were noted to be medications, inferential unit, and acupuncture. Diagnostic testing included magnetic resonance imaging. A clinical evaluation notes the injured worker with subjective complaints of low back pain and leg pain. His medications were noted to be Neurontin, Skelaxin, and Ibuprofen. The objective findings include pain with palpation over the lumbar paraspinal muscles. Sensory deficits were noted in the right L4 and right L5 distribution; deep tendon reflexes 2/4 left patellar, 2/4 right patellar. Muscular strength was 5/5 in the iliopsoas, quadriceps, hip adductors, gluteus maximus, and medius. There was pain with range of motion of the external rotation of the right hip. The treatment plan included medication refills and a follow-up appointment. The rationale for the request was noted within the treatment plan. A request for authorization form was not submitted with this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Neurontin 800mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs): Neurontin (gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin (Neurontin) Page(s): 18, 49.

**Decision rationale:** The request for 120 Neurontin 800mg with 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state "gabapentin is an anti-epilepsy drug, which has been known 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 guidelines state "gabapentin 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." This medication appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decrease opioid consumption. The beneficial effect, which may be related to an anti-anxiety effect, is accomplished by increased sedation and dizziness. The documentation provided for review does not indicate efficacy with prior use of Neurontin. In addition, the provider's request fails to indicate a dose or frequency for Neurontin. As such, the request for 120 Neurontin 800mg with 3 refills is not medically necessary.

**120 Neurontin 100mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Anti-epilepsy drugs (AEDs): Neurontin(gabapentin).

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

**Decision rationale:** The request for 120 Neurontin 100mg with 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state "gabapentin is an anti-epilepsy drug, which has been known 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 guidelines state "gabapentin 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." This medication appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decrease opioid consumption. The beneficial effect, which may be related to an anti-anxiety effect, is accomplished by increased sedation and dizziness. The documentation provided for review does not indicate efficacy with prior use of Neurontin. In addition, the provider's request fails to indicate a dose or frequency for Neurontin. Therefore, the request for 120 Neurontin 100mg with 3 refills is not medically necessary.

**90 Skelaxin 800mg with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

**Decision rationale:** The request for 90 Skelaxin 800mg with 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Skelaxin with caution as a second line option for short-term pain relief in patients with chronic low back pain. Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. The documentation submitted for review fails to indicate muscle spasms. In addition, the documentation fails to note efficacy with prior use of Skelaxin. The provider's request fails to indicate a dose and frequency. Therefore, the request for 90 Skelaxin 800mg with 3 refills is not medically necessary.

**Unknown Acupuncture visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Unknown Acupuncture visits is not medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines indicate acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The documentation submitted for review fails to indicate objective support for a reduction in pain medication or intolerance. It also does not indicate an adjunct for physical rehabilitation or surgical intervention to hasten functional recovery. In addition, the provider's request fails to indicate a visit number and duration of therapy. As such, the request for Unknown Acupuncture visits is not medically necessary.