

<b>Case Number:</b>	CM14-0098985		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 57-year-old male who reported an injury on 11/09/1995. The mechanism of injury was not provided. The injured worker's medications including gabapentin, cyclobenzaprine, and ibuprofen, had been utilized since at least 03/2014. The injured worker underwent an anterior cervical discectomy and fusion and a repeat surgery in 1999 and repeat surgeries in 2003 and 2005. Per the documentation of 05/27/2014, the injured worker was utilizing ibuprofen, Cymbalta, and gabapentin for pain. The prior treatments included an epidural steroid injection and opioids. The documentation of 05/27/2014 revealed the injured worker had a physical examination which revealed a non-antalgic gait. The injured worker was able to heel and toe walk; however, he was unsteady on heel walk. The injured worker had decreased lumbar range of motion in flexion, extension, bilateral rotation and lateral bending. The sensation was decreased to light touch on the right. Tendon reflexes were 1+ on the bilateral ankles and bilateral knees. The straight leg raise was positive bilaterally for radicular signs and symptoms on the right. The diagnosis included neck pain, low back pain, and shoulder pain, cervical and lumbar disc with radiculitis, and degeneration of the cervical and lumbar discs. The treatment plan included a refill of ibuprofen 800 mg 1 tablet twice a day, gabapentin 100 mg two 3 times a day, and cyclobenzaprine 10 mg 1 at bed time. Prior studies included a MRI of the cervical spine. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10mg 2 caps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment & Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 to 50% and documentation of objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency and quantity of medication being requested. Additionally, the medication is not available in 10 mg capsules. Given the above, the request for Gabapentin 10mg 2 caps is not medically necessary.

**Ibuprofen 800mg 1 tab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment & Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was at least 3 months. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Ibuprofen 800mg 1 tab is not medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment & Utilization Schedule Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 2 months. There was a lack of documentation of objective functional improvement and documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed

to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine 10mg #30 is not medically necessary.