

<b>Case Number:</b>	CM14-0018525		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/30/1995
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 64 year old male, who sustained an industrial injury on June 30, 1995. The diagnoses have included lumbar sprain/strain, lumbar degenerative joint disease, and discogenic pain with a provocative discogram in the lower 3 discs, considered inoperable and chronic back spasms. Treatment to date has included muscle relaxant, non-steroidal anti-inflammatory, anti-epilepsy, oral short-acting and long-acting pain, and topical pain medications. On March 27, 2014, the injured worker complained of severe, stabbing back pain radiating down the right leg. The leg had a heavy, numb feeling. He reported at least a 50% functional improvement with medications versus without the medications. The physical exam revealed limited range of motion of the lower back, bilateral straight leg raises caused right side pain that radiates into the right buttock and lateral aspect of the leg. There were muscle spasms in the lumbar trunk with loss of lordotic curvature, decreased deep tendon reflexes at the knees and ankles, and down going toes to plantar reflex bilaterally. He walked with a right lower extremity limp. The treatment plan was to continue the current muscle relaxant, non-steroidal anti-inflammatory, anti-epilepsy, oral short-acting and long-acting pain, and topical pain medications. On February 11, 2014 Utilization Review non-certified a prescription for Valium 10mg #30, noting the injured worker still has persistent muscle spasms while on Valium, and clinical efficacy for this medication for muscle spasms has not been established. A prescription for Neurontin 600mg #60 was non-certified based on the injured worker had used Neurontin previously, but could not remember if it had helped. There was a lack of a compelling indication

to provide another trial of Neurontin. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**VALIUM 10MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS, BENZODIAZEPINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Valium for an unknown length of time. Clinical notes indicated that claimant had been on Valium for at least 1 month. The request is for a 2 month supply. Based on the guideline recommendations, the Valium as prescribed as above is not medically necessary.

**NEURONTIN 600MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin/Anti-epileptics Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) 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. It is recommended as a trial for Fibromyalgia, CRPS and lumbar stenosis. In this case, the claimant does not have the stated conditions approved for Neurontin use. The claimant had been on the Neurontin for an unknown length of time without unknown direct response to the medication. Neurontin is not medically necessary.