

<b>Case Number:</b>	CM14-0192076		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 41-year-old male who reported injuries due to a slip and twisting motion while carrying two 65 pound batteries on 03/25/2013. On 09/23/2014, his diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis, spinal stenosis, lower back, leg, neck, and left shoulder pain, sprain of lumbosacral joint/ligament, and muscle spasm. His complaints included lower back pain radiating down the right leg with a positive straight leg raising test at approximately 50 degrees. There was decreased sensation down the right leg, especially over the dorsum of the right foot in the L5 dermatome. He had slightly decreased sensation on the anterolateral aspect of the right leg going up toward the knee. A review of x-rays revealed there was some improvement in the amount of disc material which was extruded; however, it was clear that there was still material, especially at the L4-5 level in the lateral recess and deflecting the L5 nerve root. At L3-4, there was somewhat less material; however, it was still impinging on the exiting and passing nerve roots. His final diagnosis was persistent radiculopathy of the right leg status post work related injury. It was noted that he was a candidate for an L4-5 and L3-4 hemilaminectomy, foraminotomy, and discectomy. His medications included Prilosec 20 mg, Neurontin 300 mg, trazodone 50 mg, Flexeril 10 mg, Kadian 20 mg, ibuprofen 800 mg, and oxycodone of an unspecified dosage. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 1 po tid #90 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Flexeril 10mg 1 po tid #90 3 refills is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker has been using Flexeril for greater than 8 months, which exceeds the recommendations in the guidelines. Therefore, this request for Flexeril 10mg 1 po tid #90 3 refills is not medically necessary.

**Trazadone 50mg 2po qhs #60 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The request for Trazadone 50mg 2po qhs #60 3 refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological status. Side effects including excessive sedation should also be assessed. Long term effectiveness of antidepressants has not been established. There was no indication in the submitted documentation of failed trials of tricyclic antidepressants. There was no objective assessment of treatment efficacy including pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, or side effects of Trazadone. The need for this antidepressant medication was not clearly demonstrated in the submitted documentation. Therefore, this request for Trazadone 50mg 2po qhs #60 3 refills is not medically necessary.

**Neurontin 300 mg po tid # 270 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 13-22, 49.

**Decision rationale:** The request for Neurontin 300 mg po tid # 270 3 refills is not medically necessary. The California MTUS Guidelines note that antiepilepsy medications are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Neurontin has been considered as a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There was no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. There was no quantified documentation of pain relief or improved function with the use of Neurontin. The clinical information submitted failed to meet the evidence based guidelines for the continued use of this medication. Therefore, this request for Neurontin 300 mg po tid # 270 3 refills is not medically necessary.