

<b>Case Number:</b>	CM14-0205495		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 female who was injured at work on 02/24/2011. The injured worker is reported to be complaining of sharp pain over the cervical region. The pain radiates to the left upper extremity, including the shoulder. She complained of numbness and tingling in the fingers; mid-back and lower back pain. The pain radiates to her left buttocks, hip and left leg region. The pain increases with bending, lifting, pushing and pulling. Additionally, she complained of difficulty sleeping due to pain. The pain subsides with medications. The physical examination revealed appropriate affect and mood. Electro diagnostic studies of 01/22/2014 revealed left sided cervical radiculopathy. The worker has been diagnosed of cervical disc disease, lumbosacral strain, and right shoulder strain. Treatments have included Trazodone, Lorazepam, Cyclobenzaprine, and Naproxen. At dispute are the requests Gabapentin 300mg (unspecified QTY); Cyclobenzaprine 7.5mg #60; Methoderm gel #120; Lorazepam 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg (unspecified QTY): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** The injured worker sustained a work related injury on 02/24/2011. The medical records provided indicate the diagnosis of cervical disc disease, lumbosacral strain, and right shoulder strain. Treatments have included Trazodone, Lorazepam, Cyclobenzaprine, and Naproxen. The medical records provided for review do not indicate a medical necessity for Gabapentin 300mg (unspecified QTY). The MTUS recommends the antiepileptic drugs for the treatment of neuropathic pain, particularly diabetic polyneuropathy. Although the records indicate the a finding of cervical radiculopathy in the nerve study, the MTUS states there have been no randomized control studies directed at using the antiepileptic for treatment of radiculopathy. Also, the requested treatment was for an unspecified quantity: the MTUS recommends against continued use of the anti-epileptics unless there is a documented record of more than 30% improvement during its use. Therefore, the requested treatment is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The injured worker sustained a work related injury on 02/24/2011. The medical records provided indicate the diagnosis of cervical disc disease, lumbosacral strain, and right shoulder strain. Treatments have included Trazodone, Lorazepam, Cyclobenzaprine, and Naproxen. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg #60. The MTUS recommends against using this medication beyond 2-3 weeks, but the records indicate it has been in use for more than a year. Therefore, the requested treatment is not medically necessary and appropriate.

**Menthoderm gel #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker sustained a work related injury on 02/24/2011. The medical records provided indicate the diagnosis of cervical disc disease, lumbosacral strain, and right shoulder strain. Treatments have included Trazodone, Lorazepam, Cyclobenzaprine, and Naproxen. The medical records provided for review do not indicate a medical necessity for Lorazepam 1mg #30. The MTUS recommends against the use of the Benzodiazepines beyond one month, but the records indicate she has used it for more than one year. Therefore, the requested treatment is not medically necessary and appropriate.

**Lorazepam 1mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Mental Illness and stress

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

**Decision rationale:** The injured worker sustained a work related injury on 02/24/2011. The medical records provided indicate the diagnosis of cervical disc disease, lumbosacral strain, and right shoulder strain. Treatments have included Trazodone, Lorazepam, Cyclobenzaprine, and Naproxen. The medical records provided for review do not indicate a medical necessity for Lorazepam 1mg #30. The MTUS recommends against the use of the Benzodiazepines beyond one month, but the records indicate she has used it for more than one year. Therefore, the requested treatment is not medically necessary and appropriate.