

<b>Case Number:</b>	CM15-0003090		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 64-year-old female who sustained an industrial injury on 02/20/2013. The IW reported pain in the neck, back and shoulder. The diagnoses have included sprain /strain of the cervical neck, the lumbar area, and the shoulder. The IW also has myofascial pain. Treatment to date has included a home exercise program, heat therapy, and medications, yoga, and chiropractic therapy. Currently, the IW complains of pain rated 4/10 on a pain scale and the pain was located in the bilateral shoulder and lower extremities. On 01/05/2015 Utilization Review non-certified a retroactive request for Gabapentin 100 MG/Tab #60 with 2 Refills, noting the gabapentin is recommended as a first-line treatment for neuropathic pain, and neuropathic pain was not noted in the physical examination. The MTUS Chronic Pain Guidelines was cited. On 01/05/2015 Utilization Review also non-certified a retroactive request for Diclofenac ER 100 MG/Tab #60 with 2 Refills noting it was unclear on how long the IW would be on this medication. The medical necessity of the request was not established. The MTUS Chronic Pain Guidelines were cited. On 01/05/2015 Utilization Review also non-certified a retroactive request for Cyclobenzaprine 7.5 MG/Tab #90 noting the guidelines recommend it as an option using a shorter course of treatment and the addition of cyclobenzaprine to other agents is not recommended. There was no evidence of muscle spasm in the current evaluation and it was unclear how long the IW would be on this medication. The MTUS Chronic Pain Guidelines Muscle relaxants for pain were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of the non-certified items.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin 100 MG/Tab #60 with 2 Refills:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the neck and lower back. The current request is for Gabapentin 100 MG/Tab #60 with 2 Refills. The treating physician states, Gabapentin for nerve pain and the treating physician documented tingling/ numbness in the upper left extremity. (11, 24) The MTUS guidelines state, effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the treating physician has documented that the patient is having neuropathic pain. The current request is medically necessary and the recommendation is for authorization.

### **Diclofenac ER 100 MG/Tab #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Pain chapter - Diclofenac

**Decision rationale:** The patient presents with pain affecting the neck and lower back. The current request is for Diclofenac ER 100 MG/Tab #60 with 2 Refills. The treating physician states, Diclofenac for nerve pain and documented that the patient has been on Diclofenac since at least 08/14/14. The MTUS guidelines state, not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. In this case, the treating physician has prescribed a medication which is not recommended by ODG guidelines. The current request is not medically necessary and the recommendation is for denial.

### **Cyclobenzaprine 7.5 MG/Tab #90:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the neck and lower back. The current request is for Cyclobenzaprine 7.5 MG/Tab #90. The treating physician states, Flexeril PRN spasms. The MTUS guidelines state, recommended as an option, using a short course of therapy. Treatment should be brief. In this case, the treating physician has prescribed a quantity of Cyclobenzaprine that would exceed the recommended MTUS guideline of 2-3 weeks. The current request is not medically necessary and the recommendation is for denial.