

<b>Case Number:</b>	CM15-0004849		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 50 year old female, who sustained an industrial injury on May 25, 2011. She has reported sharp hand pain and stiff and swollen fingers. The diagnoses have included lumbar intervertebral disc without myelopathy, carpal tunnel syndrome, cervical degenerative disc disease and overuse syndrome. Treatment to date has included diagnostic studies, surgery, occupational therapy, physical therapy and medications. Currently, the IW complains of neck, back and right wrist pain. She also reports numbness in the right wrist as well as upper extremity and lower extremity numbness and tingling. Without her medications her multi injury pain was noted to reach a level of 10 on the 1-10 pain scale with activity. On January 7, 2015, Utilization Review non-certified a retrospective request for Gabapentin 100 milligrams #60 x 2 and Cyclobenzaprine 7.5 milligrams #60 x2, noting the California Chronic Pain Medical Treatment Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Gabapentin 100 milligrams #60 x 2 and Cyclobenzaprine 7.5 milligrams #60 x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 MG Qty 60 with 2 Refills: Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine hydrochloride tablets 7.5mg #60 with 2 refills is not medically necessary.

**Gabapentin 100 MG Cap Qty 60 with 2 Refills:** Upheld

**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:** According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. There is no clear evidence that the patient has a neuropathic pain. Furthermore, there is no evidence that Gabapentin is effective in neck and back pain. Therefore, the prescription of Gabapentin 100mg Qty:60 with 2 refills is not medically necessary.