

<b>Case Number:</b>	CM15-0005180		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/09/2014
<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: 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 is a 51 year old male with an industrial injury dated 11/09/2012. His diagnoses include lumbar sprain/strain, lumbar radiculopathy, and myofascial pain. There was no recent diagnostic testing submitted or discussed. He has been treated with Naproxen, Menthoderm, Gabapentin and Flexeril for several months. Lumbar epidural steroid injections were performed on 10/14/2014. In a progress note dated 12/02/20104, the treating physician reports increasing lumbar back pain with a rating of 5/10 in severity since previous injections and despite treatment. The objective examination revealed tenderness to palpation of the lumbar spine and paraspinal muscle spasms. The treating physician is requesting Gabapentin and Flexeril which were denied by the utilization review. On 12/09/2014, Utilization Review non-certified a prescription for Gabapentin 300mg #60, noting the absence of documented neuropathic pain or pain reduction with previous use of this medication. The MTUS was cited. On 12/09/2014, Utilization Review non-certified a prescription for Flexeril 10mg #30, noting the absence of recommendation for long term use, and the lack of documented acute pain or acute exacerbation of pain. The MTUS was cited. On 01/05/2015, the injured worker submitted an application for IMR for review of Gabapentin 300mg #60 and Flexeril 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #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 Antiepilepsy drugs (AEDs), Page(s): 18-19.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Gabapentin 300mg #60. The treating physician report dated 12/2/14 (37B), notes that the patient was diagnosed with lumbar radiculopathy and evidence of paraspinal muscle spasms were noted during examination. A report dated 10/21/14 (47B) notes that the patient experiences numbness in the left leg. Another report dated 10/6/14 (57B) states, "He reports that the pain radiates to the buttock and down to the anterior shin near the dorsum of the foot." MTUS pages 18 and 19 states "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." The medical reports provided, show the patient has been taking Gabapentin since at least 10/28/14. The treating physician has documented that the patient experiences low back pain that radiates down the lower left extremity and has prescribed Gabapentin to help provide relief of the patient's symptoms. In this case, Gabapentin is considered a first-line treatment for neuropathic pain but there is no documentation of functional improvement nor is there any discussion of this medication's efficacy in treating the patient's symptoms. The MTUS guidelines require documentation of functional improvement for the continued use of medications for chronic pain. The current request does not satisfy the MTUS guidelines as outlined on page 60. Recommendation is for denial.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation down left lower extremity. The current request is for Flexeril 10mg #30. The treating physician report dated 12/2/14 (37B) states that Flexeril was prescribed for the patient's muscle spasms. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 10/28/14 (53B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Recommendation is for denial.

