

<b>Case Number:</b>	CM15-0107291		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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

Certification(s)/Specialty: Emergency 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 40-year-old female, who sustained an industrial injury on 6/12/2012. The current diagnoses are chronic lumbar sprain/strain and right lower extremity lumbar radiculitis. According to the progress report dated 4/1/2015, the injured worker complains of mid-to-low back pain associated with muscle spasms and radicular pain into the buttocks. The pain travels down to her bilateral legs/toes with numbness and tingling. The level of pain is not rated. The physical examination of the lumbosacral spine reveals tenderness to palpation over the paraspinal muscles and transverse processes from L3 through L5 on the right, tenderness to palpation over the spinous processes from L3 through L5, bilaterally, positive straight leg raise test on the right, and restricted range of motion. The current medication list is not available for review. Treatment to date has included medication management, modified work, x-rays, MRI studies, physical therapy, electro diagnostic testing, acupuncture, chiropractic, and epidural steroid injection. The plan of care includes prescriptions for Naproxen, Cyclobenzaprine, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen (unknown dose and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Naproxen (unknown dose and quantity), is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has mid-to-low back pain associated with muscle spasms and radicular pain into the buttocks. The pain travels down to her bilateral legs/toes with numbness and tingling. The level of pain is not rated. The physical examination of the lumbosacral spine reveals tenderness to palpation over the paraspinal muscles and transverse processes from L3 through L5 on the right, tenderness to palpation over the spinous processes from L3 through L5, bilaterally, positive straight leg raise test on the right, and restricted range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen (unknown dose and quantity) is not medically necessary.

**Cyclobenzaprine (unknown dose and quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 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 requested Cyclobenzaprine (unknown dose and quantity) , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has mid-to-low back pain associated with muscle spasms and radicular pain into the buttocks. The pain travels down to her bilateral legs/toes with numbness and tingling. The level of pain is not rated. The physical examination of the lumbosacral spine reveals tenderness to palpation over the paraspinal muscles and transverse processes from L3 through L5 on the right, tenderness to palpation over the spinous processes from L3 through L5, bilaterally, positive straight leg raise test on the right, and restricted range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine (unknown dose and quantity) is not medically necessary.

**Neurontin (unknown dose and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

**Decision rationale:** The requested Neurontin (unknown dose and quantity), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has mid-to-low back pain associated with muscle spasms and radicular pain into the buttocks. The pain travels down to her bilateral legs/toes with numbness and tingling. The level of pain is not rated. The physical examination of the lumbosacral spine reveals tenderness to palpation over the paraspinal muscles and transverse processes from L3 through L5 on the right, tenderness to palpation over the spinous processes from L3 through L5, bilaterally, positive straight leg raise test on the right, and restricted range of motion. The treating physician has not documented the guideline mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin (unknown dose and quantity) is not medically necessary.