

<b>Case Number:</b>	CM15-0130510		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 06/25/2012. On provider visit dated 05/20/2015 the injured worker has reported back pain and leg pain. The injured worker was noted to have constant severe bilateral low back pain that radiated down both legs. On examination of the lumbar spine revealed decreased sensation to alcohol swab in L5 dermatome bilaterally and evidence of persistent L5 radiculopathy was noted. L4-L5 and L5- S1 muscle spasm and tenderness was noted as well. The diagnoses have included lumbar disc displacement, thoracic-lumbosacral radiculopathy, lumbosacral spondylosis and stenosis lumbar. Treatment to date has included epidural injections, laboratory studies and medication: Cyclobenzaprine, Gabapentin, and Aspirin. The provider requested Gabapentin and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg one(1) four times a day #120:** Overturned

**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): 16-17.

**Decision rationale:** According to CA MTUS "Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life.... Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)" From my review of the medical records provided the IW has objective evidence and subjective symptoms that are consistent with neuropathic pain. From recent clinic notes it appears that pain levels increased and functional capacity has decreased in the past when the IW has been without gabapentin. Based on the cited guidelines and reviewed records, continued use of gabapentin is medically appropriate.

**Cyclobenzaprine 7.5mg one (1) twice a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

**Decision rationale:** According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.