

<b>Case Number:</b>	CM15-0131182		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 33-year-old male, who sustained an industrial injury on August 12, 2010. The injured worker was diagnosed as having chronic pain, lumbar facet arthropathy, lumbar radiculitis, right elbow pain, right shoulder pain, insomnia, myofascial pain syndrome, status post right elbow surgery x4, and status post right foot/ankle fracture. Treatments and evaluations to date have included MRIs, right elbow surgeries, home exercise program (HEP), and medication. Currently, the injured worker complains of neck pain that radiates down the right upper extremity with tingling and numbness in the right upper extremity, low back pain that radiates down the right lower extremity with tingling in the right lower extremity, upper extremity pain with numbness and tingling, and insomnia associated with ongoing pain and anxiety. The Treating Physician's report dated May 6, 2015, noted the injured worker reported his pain worsened since his previous visit, rating the pain as 7/10 in intensity with medications and 9/10 without medications on average since his last visit. The injured worker reported ongoing activities of daily living (ADLs) limitations due to pain. Physical examination was noted to show tenderness in the bilateral thoracic paravertebral region, spasms at L4-S1, and tenderness to palpation in the lumbar paravertebral area at L4-S1 levels. The upper extremity examination was noted to show tenderness to palpation at the right elbow, right hand, and right upper extremity with mild swelling in the right elbow and right hand. Sensory examination was noted to show decreased touch sensation in the right upper extremity in the right hand, and motor examination showed decreased strength in the right upper extremity. Hypersensitivity, allodynia, discoloration, and temperature changes were all noted in the right upper extremity. The treatment plan was noted to include a sample of Lyrica was dispensed, continuation of a home exercise program (HEP), and requests for authorization for Norco, Cyclobenzaprine, and Neurontin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Cyclobenzaprine 10mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 63-64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, with limited, mixed-evidence not allowing for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been prescribed Cyclobenzaprine on April 7, 2015. The documentation provided noted the injured worker reported his pain had worsened since the previous visit. There was no documentation of objective, measurable improvements in the injured worker's pain, function, or ability to perform activities of daily living (ADLs) such as bathing, dressing, etc. related to use of the Cyclobenzaprine. The documentation provided did not include documentation of a decrease in muscle tension or increased mobility with the use of the Cyclobenzaprine. The injured worker was noted to currently not be working. The injured worker's use of the Cyclobenzaprine had exceeded the recommended two to three weeks without documentation of efficacy of the treatment. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for one prescription of Cyclobenzaprine 10mg #60. The requested medication is not medically necessary.

### **1 prescription Neurontin 300mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes anti-epilepsy drugs (AEDs) are recommended for neuropathic pain, with 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of

response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain, and are not recommended. The injured worker was noted to have been prescribed Neurontin since at least August 2014, without documentation of objective, measurable improvement in the injured worker's pain, function, or the ability to perform activities of daily living (ADLs) such as bathing, dressing, etc. with the use of the Neurontin. The documentation lacked any indication of at least a 30% improvement in pain with the injured worker's use of the Neurontin. Based on the guidelines, the documentation provided did not support the medical necessity of the request for one prescription Neurontin 300mg #90. The requested medication is not medically necessary.