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| <b>Case Number:</b>   | CM15-0132994 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 05/05/2014 |
| <b>Decision Date:</b> | 09/21/2015   | <b>UR Denial Date:</b>       | 06/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2015 |

### 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

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 54-year-old male, who sustained an industrial injury on 5-5-14. The diagnoses have included lumbar strain and sprain, degenerative disc disease (DDD) and anxiety. Treatment to date has included medications, transcutaneous electrical nerve stimulation (TENS), and acupuncture, chiropractic, heat, and ice and activity modifications. Currently, as per the physician progress note dated 6-16-15, the injured worker complains of low back pain rated 6 out of 10 on the pain scale that radiates to the mid back area. It is noted that he is no longer taking Norco. The current medications included Gabapentin, Cyclobenzaprine, Lidopro topical cream and Diclofenac. There is no previous urine drug screen report noted in the records. The objective findings-physical exam reveals that the injured worker is very guarded with his gait. He refuses range of motion assessment with forward flexion. The lumbar spine is tense and tender to palpation and the paraspinal muscles. He is able to walk a few steps on heels and toes. The physician requested treatments included Gabapentin 100 mg quantity of 90 (retrospective DOS 6/16/15), Diclofenac Sodium ER (extended release) 100 mg quantity of 60 (retrospective DOS 6/16/15), Omeprazole 20 mg quantity of 60 (retrospective DOS 6/16/15) and Cyclobenzaprine 7.5 mg quantity of 60 (retrospective DOS 6/16/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100 mg Qty 90 (retrospective DOS 6/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

**Decision rationale:** The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug 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. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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 clinical documentation does not clearly show that the injured worker has neuropathic symptoms, therefore, the request for Gabapentin 100 mg Qty 90 (retrospective DOS 6/16/15) is determined to not be medically necessary.

**Diclofenac Sodium ER (extended release) 100 mg Qty 60 (retrospective DOS 6/16/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac Sodium (Voltaren®, Voltaren-XR®).

**Decision rationale:** MTUS Guidelines do not address the use of oral Diclofenac. Per the ODG, Diclofenac is not recommended as first line due to increased risk profile. The request for Diclofenac Sodium ER (extended release) 100 mg Qty 60 (retrospective DOS 6/16/15) is determined to not be medically necessary.

**Omeprazole 20 mg Qty 60 (retrospective DOS 6/16/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20 mg Qty 60 (retrospective DOS 6/16/15) is determined to not be medically necessary.

**Cyclobenzaprine 7.5 mg Qty 60 (retrospective DOS 6/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cyclobenzaprine (Flexeril).

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

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there is no evidence of pain relief or functional improvement with prior use. This medication is not indicated for chronic use. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5 mg Qty 60 (retrospective DOS 6/16/15) is determined to not be medically necessary.