

<b>Case Number:</b>	CM15-0164803		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female who sustained an industrial injury on 06-02-08. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include unspecified symptoms. Current diagnoses include lumbar myofascial pain, intervertebral disc disease, lumbar radiculitis, and iatrogenic dyspepsia due to medications. In a progress note dated 07-13-15 the treating provider reports the plan of care as medications including flexeril and gabapentin. The requested treatments include flexeril and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60, prescribed 7/13/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Gabapentin 100mg #60, prescribed 7/13/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Gabapentin treatment for neuropathic pain there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation does not reveal history or physical exam findings suggestive of neuropathic etiology. Therefore the request for continued Gabapentin is not medically necessary.

**Flexeril 5mg #60, prescribed 7/13/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

**Decision rationale:** Flexeril 5mg #60, prescribed 7/13/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time MTUS recommended frame. The request for continued Flexeril is not medically necessary.