

<b>Case Number:</b>	CM15-0167342		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	12/22/1996
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 12-22-1996. She reported back pain after falling. Diagnoses have included lumbosacral spondylosis without myelopathy, chronic pain syndrome and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included chiropractic treatment, caudal epidural steroid injection, magnetic resonance imaging and medication. According to the progress report dated 8-4-2015, the injured worker complained of low back pain rated 4 out of 10. She reported that overall, Norco helped reduce her pain by 75%. Physical exam revealed the injured worker to be in mild discomfort. There was mild pain present in the bilateral lower back. There was tenderness over the greater trochanter area. Authorization was requested for Methocarbamol and Gralise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gralise (gabapentin enacarbil ER).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epileptic drugs (AEDs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gralise (Gabapentin) 600 mg #90 is not medically necessary. Gralise is not recommended. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses or lumbosacral spondylosis without myelopathy; chronic pain syndrome; nonorganic sleep disorder; degeneration lumbar or lumbosacral intervertebral disc; dyspepsia, depressive disorder and generalized anxiety disorder. Date of injury is December 22, 1996. Request for authorization is August 4, 2015. The earliest progress note containing Gralise and Methocarbamol is dated June 10, 2014. These medications were continued through the most recent progress note dated August 4, 2015. There is no documentation of failed gabapentin. Subjectively, the injured worker complains of bilateral low back pain that radiates to the legs and sleep difficulties. Objectively, there is no spasm, negative straight leg raising with facet tenderness. The neurologic evaluation was unremarkable. Gralise is not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline on recommendations, Gralise (Gabapentin) 600 mg #90 is not medically necessary.

**Methocarbamol 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol 500mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses or lumbosacral spondylosis without myelopathy; chronic pain syndrome; nonorganic sleep disorder; degeneration lumbar or lumbosacral intervertebral disc; dyspepsia, depressive disorder and generalized anxiety disorder. Date of injury is December 22, 1996. Request for authorization is August 4, 2015. The earliest progress note containing Gralise and Methocarbamol is dated June 10, 2014. These medications were continued through the most recent progress note dated August 4, 2015. There is no documentation of failed gabapentin. Subjectively, the injured worker complains of bilateral low back pain that radiates to the legs and sleep difficulties. Objectively, there is no spasm, negative straight leg raising with facet tenderness. The neurologic evaluation was unremarkable. Methocarbamol is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-

term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Methocarbamol was prescribed as far back as June 10, 2014 through the present for total of 15 months, at a minimum. Methocarbamol is recommended for short-term (less than two weeks). There are no compelling clinical facts to support its use. There is no documentation demonstrating objective functional improvement to support Methocarbamol. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, continued treatment for 15 months (at a minimum) in excess of the recommended guidelines for short-term (less than two weeks) and no documentation demonstrating objective functional improvement, Methocarbamol 500mg #60 is not medically necessary.