

<b>Case Number:</b>	CM15-0184669		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old female with a date of injury on 4-9-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain-strain, thoracic sprain-strain and head trauma. Per the progress report dated 7-8-2015, the injured worker continued to have significant spasms. There was marked spasm more on the cervical and thoracolumbar spine. According to the progress report dated 8-13-2015, the injured worker complained of neck pain, headaches and mid back pain. Per the treating physician (7-8-2015), the injured worker was temporarily totally disabled. The physical exam (8-13-2015) revealed decreased range of motion of the cervical spine. There was tenderness at the C1-C7 spinous processes and paraspinal muscles. Treatment has included acupuncture and medications. The request for authorization dated 8-13-2015 was for Gabapentin, Cyclobenzaprine and Alprazolam. The original Utilization Review (UR) (8-24-2015) denied requests for Gabapentin, Cyclobenzaprine and Alprazolam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a work injury in April 2015 and continues to be treated for injuries sustained when a box fell on her head and neck. When seen, Flexeril was being prescribed. She was having neck and mid back pain and headaches. Physical examination findings were decreased cervical spine range of motion with spinous process, paraspinal muscle, upper trapezius, and sternocleidomastoid muscle tenderness. Diagnoses were cervical and thoracic sprain/strain and head trauma. Alprazolam was prescribed for anxiety and gabapentin for nerve pain. The gabapentin dose was 800 mg per day. Cyclobenzaprine was refilled. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there is no qualifying medical diagnosis and no diagnosis of neuropathic pain. The request is not medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in April 2015 and continues to be treated for injuries sustained when a box fell on her head and neck. When seen, Flexeril was being prescribed. She was having neck and mid back pain and headaches. Physical examination findings were decreased cervical spine range of motion with spinous process, paraspinal muscle, upper trapezius, and sternocleidomastoid muscle tenderness. Diagnoses were cervical and thoracic sprain/strain and head trauma. Alprazolam was prescribed for anxiety and gabapentin for nerve pain. The gabapentin dose was 800 mg per day. Cyclobenzaprine was refilled. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Continued prescribing is not medically necessary.

**Alprazolam 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The claimant sustained a work injury in April 2015 and continues to be treated for injuries sustained when a box fell on her head and neck. When seen, Flexeril was being prescribed. She was having neck and mid back pain and headaches. Physical examination findings were decreased cervical spine range of motion with spinous process, paraspinal muscle, upper trapezius, and sternocleidomastoid muscle tenderness. Diagnoses were cervical and thoracic sprain/strain and head trauma. Alprazolam was prescribed for anxiety and gabapentin for nerve pain. The gabapentin dose was 800 mg per day. Cyclobenzaprine was refilled. Alprazolam is a benzodiazepine. Long-term use may increase anxiety and there are other preferred treatments. Prescribing Alprazolam for anxiety was not medically necessary.