

<b>Case Number:</b>	CM15-0199945		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

The injured worker is a 52 year old female who sustained an industrial injury 05-13-04. A review of the medical records reveals the injured worker is undergoing treatment for anxiety, depression, chronic pain, cervical disc degeneration, cervical disc displacement, cervical facet arthropathy, cervical radiculitis and radiculopathy. Medical records (09-03-15) reveal the injured worker complains of neck pain, upper extremity pain, occipital headaches, and insomnia, as well as nausea and constipation. The pain is rated at 10/10 without medications and 7/10 with medications. Interference with activities of daily living due to pain is rated at 8/10. The physical exam (09-03-15) reveals grip strength testing was not possible. Spinal vertebral tenderness was noted in the cervical spine, and pain "significantly" increased with flexion and extension. Decreased sensation was present in the bilateral upper extremities. Prior treatment includes medications including Norco, anti-inflammatories, anxiety medications; topical compounds, chiropractic treatments, acupuncture, and cervical spine surgery. The original utilization review (09-16-15) non certified the request for cyclobenzaprine 7.5mg 330 and gabapentin 600mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**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 cumulative trauma work injury with date of injury in May 2004. She has a history of an anterior cervical decompression and fusion and revision right carpal tunnel surgery and diagnoses include upper extremity CRPS. She was seen for an initial evaluation by the requesting provider on 09/03/15. She reported that her pain had worsened. She was having neck pain radiating into the upper extremities and was having left-sided headaches. She had bilateral shoulder pain with numbness and tingling. She was having difficulty sleeping. Pain was rated at 7-10/10. Physical examination findings included a body mass index over 34. She was in slight to moderate distress. There was cervical tenderness and pain with flexion and extension. Facet signs were present bilaterally. There was decreased upper extremity sensation. Spurling's testing was positive bilaterally. Gabapentin and Flexeril were prescribed. The gabapentin dosing was 1800 mg per day. Gabapentin had previously been prescribed at a dose of 1200 mg. Cyclobenzaprine was prescribed. No refills were provided. 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 no complaints or physical examination findings of muscle spasms. Prescribing cyclobenzaprine is not medically necessary.

**Gabapentin 600 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and 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 cumulative trauma work injury with date of injury in May 2004. She has a history of an anterior cervical decompression and fusion and revision right carpal tunnel surgery and diagnoses include upper extremity CRPS. She was seen for an initial evaluation by the requesting provider on 09/03/15. She reported that her pain had worsened. She was having neck pain radiating into the upper extremities and was having left-sided headaches. She had bilateral shoulder pain with numbness and tingling. She was having difficulty sleeping. Pain was rated at 7-10/10. Physical examination findings included a body mass index over 34. She was in slight to moderate distress. There was cervical tenderness and pain with flexion and extension. Facet signs were present bilaterally. There was decreased upper extremity sensation. Spurling's testing was positive bilaterally. Gabapentin and Flexeril were prescribed. The gabapentin dosing was 1800 mg per day. Gabapentin had previously been prescribed at a dose of 1200 mg. Cyclobenzaprine was prescribed. No refills were provided. 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. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant was having neuropathic pain and the gabapentin dosing was higher than what had previously been prescribed. An assessment for pain relief and improvement in function as well as any side effects at follow-up would be expected. The request is appropriate and medically necessary.