

<b>Case Number:</b>	CM15-0022266		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/02/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on October 2, 2010. She has reported lower back pain radiating into her left lower extremity. The diagnoses have included lumbar disc displacement without myelopathy. She was status post lumbar radiofrequency ablation at lumbar 4, lumbar 5, and sacral 1. Treatment to date has included MRI, epidural steroid injections, medial branch block, chiropractic treatment, physical therapy, and pain, anti-epilepsy, and muscle relaxant medications. On November 7, 2014, the treating physician noted low back pain radiating into her left lower extremity with associated numbness, tingling, and weakness. The physical exam revealed a normal gait, bilateral symmetrical deep tendon reflexes to the patella and Achilles, no clonus sign bilaterally, and decreased sensation in the lumbar 2, lumbar 3, lumbar 4, left lumbar 5, and left S1 dermatomes. The straight leg raise was negative and there was lumbar spine spasm and guarding. The treatment plan included anti-epilepsy and muscle relaxant medications. On February 5, 2015, the injured worker submitted an application for IMR for retrospective review of requests for 60 gabapentin 600mg (DOS: 11/7/14) and 90 orphenadrine (Norflex) ER 100mg (DOS: 11/7/14). The gabapentin was non-certified based on the lack of evidence of objective functional improvement noted from when she started oral gabapentin to the current request of November 7, 2014. The orphenadrine was non-certified based on there was lack of functional improvement at the time the medication was continued, which was inappropriate, and the guidelines do not recommend prolonged use of this medication due to the risk of dependence. The California Medical Treatment Utilization

Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 Gabapentin 600mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

**Decision rationale:** CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with good support of improved pain control with medication use. Gabapentin 600 mg # 60 is medically necessary.

#### **90 Orphenadrine -Norflex ER 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The response to the original UR denial states that the claimant uses the medication only sporadically for exacerbation of pain yet the request remains for a regular dosing (#90). As such, the request remains for regular use of orphenadrine ER 100 and is not medically necessary.