

<b>Case Number:</b>	CM15-0082070		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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's dated of birth was not documented in the medical records provided for review. He had a reported date of injury of 07/28/2009. The diagnoses were not documented in the medical records provided. Treatments to date have included an MRI of the cervical spine on 03/09/2015 which showed three disc herniations at C4-5, C5-6, and C6-7; oral medications, a lumbar corset; and lumbar spine fusion at L4-5. The medical report dated 03/12/2015 indicates that the injured worker had not had any conservative therapy for his cervical spine problems. The treating physician recommended physical therapy. No objective findings were documented. The medical report dated 01/26/2015 indicates that the injured worker had issues with his lumbar spine and cervical spine. He had low back pain, and bilateral hip pain. The injured worker took 3 Norco tablets per day and 3 Metaxalone tablets per day for his symptoms. He was able to engage in some of the activities of daily living. It was noted that the injured worker had worsening neck pain, bilateral shoulder pain, and arm pain. The pain was worse on the right side. There was numbness and tingling in the non-dermatomal distribution in both hands and fingertips. The physical examination showed reduced cervical spine range of motion, good muscle strength throughout, and 1+ deep tendon reflexes. The treating physician requested Gabapentin with three refills, Metaxalone with three refills, and Hydrocodone/acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 400 mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The patient is a male with a date of injury on 07/28/2009. He had a L4-L5 fusion. He also has cervical disc disease. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.

**Metaxalone 800 mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient is a male with a date of injury on 07/28/2009. He had a L4-L5 fusion. He also has cervical disc disease. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

**Hydroco/APAP 10/325 mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a male with a date of injury on 07/28/2009. He had a L4-L5 fusion. He also has cervical disc disease. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.