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| <b>Case Number:</b>   | CM15-0238604 |                              |            |
| <b>Date Assigned:</b> | 12/15/2015   | <b>Date of Injury:</b>       | 04/17/2013 |
| <b>Decision Date:</b> | 01/25/2016   | <b>UR Denial Date:</b>       | 11/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/07/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has a filed a claim for chronic neck, low back, thumb, and shoulder pain reportedly associated with an industrial injury of April 17, 2013. In a Utilization Review report dated November 20, 2015, the claims administrator failed to approve requests for cyclobenzaprine and gabapentin. A November 9, 2015 RFA form and an associated office visit of the same date were cited in the determination. The applicant's attorney subsequently appealed. On an October 8, 2015 office visit, the applicant reported ongoing issues with neck, low back, left lower extremity and right lower extremity pain. The applicant was given Flexeril, Cymbalta, Neurontin, morphine-extended release, morphine-immediate release, Protonix, Terocin, Dendracin, Zyrtec, Zestril, and MiraLax powder, the attending provider reported. The applicant was using a cane to move about. The applicant was placed off work, on total temporary disability, while multiple medications were renewed and/or continued. No seeming discussion of medication efficacy transpired. On an earlier note dated September 11, 2013, the applicant was, once again, placed off of work, on total temporary disability, while Flexeril, Neurontin, morphine-extended release, morphine-immediate release, Cymbalta, Protonix, and Terocin were all seemingly renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5mg #60 (DOS: 11/09/2015):Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) and on the Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov..

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

**Decision rationale:** No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include morphine extended release, morphine immediate release, Neurontin, Cymbalta, topical Terocin, topical Dendracin, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Retrospective request for Gabapentin 600mg #90 (DOS: 11/09/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) and on the Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov..

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

**Decision rationale:** Similarly, the request for gabapentin, an anti-convulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was placed off work, on total temporary disability, on October 8, 2015. Pain complaints as high as 8/10 were reported on said October 8, 2015, despite ongoing usage of gabapentin. Activities as basic as

driving and sitting remain problematic, the attending provider reported. The applicant was reportedly in severe pain, the attending provider stated on that date. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as morphine and morphine extended release. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.