

<b>Case Number:</b>	CM14-0109159		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured worker is a 40 year old man who was involved in a work related injury from 12/6/06. The injured worker sustained a low back injury and has had at least 2 lumbar surgeries, identified as lumbar fusion procedures. Notes through 4/14 indicated ongoing back pain with possible fusion hardware loosening. There is a pain management evaluation from 5/1/14. The injured worker's diagnosis at that time was post laminectomy syndrome x 2 with broken hardware. A comment was made that the injured worker was taking 12 Norco tablets per day, and that although request had been made for further surgery, it had not been approved. A recommendation was made for switching the injured worker to a longer acting opiate drug and use of Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin (duration and frequency, qty and mg unknown):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16.

**Decision rationale:** The injured worker has ongoing back and radicular pain. The 5/14 note indicates a request for Gabapentin 400 mg three times per day. This is appropriate and indicated

in this injured worker as Gabapentin is a first line drug for radicular and neuropathic pain, and the injured worker was having an increase in his pain. Therefore, this request is medically necessary.

**Cyclobenzaprine (duration and frequency, qty and mg unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64.

**Decision rationale:** There is no indication that the injured worker has any specific muscle mediated pathology. There is no indication that Cyclobenzaprine has been of utility for this injured worker. The use of Cyclobenzaprine for long term use is not supported by the evidence based guidelines. Given this, there is no indication for the use of this drug in this clinical instance and it is not medically necessary.