

<b>Case Number:</b>	CM14-0126838		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	10/06/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 California. 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:

The injured worker is a 53 year-old male who sustained injuries on October 6, 2005. He is being seen periodically by the treating physician for evaluation and treatment. In his follow-up visit on December 18, 2013, the injured worker complained of continued pain in his neck, back, and legs. A physical examination of the lumbar spine revealed presence of spasm and guarding; diminished sensation along the left S1; and positive straight leg raising test on the left side. His medications included capsaicin cream, Nabumetone-Relafen, Doc-Q-Lace, pantoprazole-Protonix, docusate sodium stool softener (DSS) soft gel, [REDACTED] heat wrap, methadone, cyclobenzaprine-Flexeril, and gabapentin. The injured worker returned on January 15, 2014 with same complaints and examination findings. On February 12, 2014, he complained of severe pain in his right shoulder and back that radiated to his legs. Additional findings include painful arc syndrome of the right shoulder, tender joint on the right side with pain elicited upon shoulder rotation, and positive right Apley scratch. The injured worker followed-up on March 11, 2014 and reported that his medications were helpful in improving his pain and noted no side effects from its use. The injured worker underwent interlaminar epidural steroid injection on April 29, 2014. Reevaluation on May 6, 2014, the injured worker reported approximately 50 to 60 percent relief from the injection procedure without any complications and noted occasional right calf cramps when lying down. He reported that his medications worked together to keep his pain at a tolerable level; as a result, its use enabled him to move and have greater range of motion. A lumbar spine examination revealed decreased extension and flexion as well as tenderness over the left paraspinous muscle. An examination of the spine revealed spasm and guarding over the lumbar spine as well as tenderness over the left paraspinous muscle at T5-T6 level. Prescriptions for capsaicin cream, Nabumetone (Relafen), pantoprazole (Protonix), methadone, gabapentin and new medication orphenadrine (Norflex) were dispensed. On July 7, 2014, the injured worker

reported that without his medications his pain level is 10/10; however with combination of medications, his pain decreased to 5/10 and he was able to function, walk, brush his teeth, and cook his meals. A musculoskeletal examination revealed paraspinal tenderness over L4-L5 and over the right trapezius. Lumbar spine range of motion was limited on left rotation. The injured worker was seen by another treating physician on August 19, 2014 for spine consultation with complaints of pain in his neck, back, and legs as well as upper extremity pain, numbness and weakness. On examination of the cervical spine, Spurling's test was positive and range of motion was limited secondary to pain. A lumbar spine examination showed paravertebral spasms and tenderness over the L4-L5 and L5-S1 area. A neurological examination demonstrated positive Hoffman's reflex on the left side. A Follow-up visit with the original treating physician on August 26, 2014 reported that the injured worker is deemed compliant with the use of his medications. Verbal instructions were given and the medications were dispensed.

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

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

**Gabapentin 600mg #120 X 2 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 Antiepilepsy drugs (AEDs) Page(s): 117.

**Decision rationale:** The injured worker has neuropathic pain and demonstrated positive response with gabapentin use. Moreover, adverse effects are absent and laboratory exams were consistent with medication use. Continued treatment with gabapentin is reasonably indicated; however, two refills are not medically necessary as regular monitoring of the injured worker's response to medication is warranted. The California Medical Treatment Utilization Schedule (MTUS) specifies that continued use of anti-epilepsy drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. The request for Gabapentin 600mg #120 X 2 Refills is not medically necessary.

**Orphenadrine-Norflex 100mg #90 X 2 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 (for pain), Pain Interventions and Treatments Page(s): 62,11.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) stipulates that the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side-effects. Although the injured worker has musculoskeletal spasm effectively managed by Norflex, the additional two refills of this medication are however not medically necessary. Appropriate documentation is

warranted to justify continued treatment. The request for Orphenadrine-Norflex 100mg #90 X 2 Refills is not medically necessary.