

<b>Case Number:</b>	CM14-0186606		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 49 year old male who was involved in a work related motor vehicle accident on 6-8-2012. He currently has low back pain and constant neck pain associated with headaches. He also suffers from mood swings and behavioral changes. The physical exam shows tenderness to palpation of the right paracervical and lumbar paraspinal muscles. The neurologic exam reveals normal strength, sensation, and reflexes in the upper and lower extremities. The diagnoses are post-concussive syndrome, cervical and lumbar strains, chronic axial back pain, hypertension, and post-injury anxiety and depression. He is noted to be intolerant of several NSAIDs. Current medications include lisinopril, Voltaren 100 mg a day, Ultram ER 150 mg daily to BID, flexeril 7.5 mg TID, and Ambien 10 mg @HS prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Diclofenac

**Decision rationale:** Diclofenac (Voltaren) is not recommended as first line due to increased risk profile. Diclofenac use is associated with a higher risk of cardiovascular events like heart attack and liver dysfunction compared with other anti-inflammatories like naproxen. In this instance, the injured worker has hypertension which in of itself elevates the cardiovascular risk. Additionally, the record shows 2 consecutive progress notes with identical vital signs which raise a concern regarding the possible inaccuracy of those vital signs. In essence, Voltaren is an extremely risky medication for someone with hypertension and should be avoided. Therefore, Voltaren 100 mg, #30, is not medically necessary.

**Neurontin 600 MG #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gabapentin (Neurontin®)

**Decision rationale:** Gabapentin (neurontin) is recommended as a trial for lumbar spinal stenosis (LSS). Gabapentin, which has been used in the treatment of neuropathic pain, may be effective in the treatment of symptoms associated with LSS. Statistically significant improvement was found in walking distance, pain with movement, and sensory deficit. There is limited evidence to show that this medication is effective for acute pain, and for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. Also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury. In this instance, the injured worker does not have spinal stenosis or any other neuropathic process to justify the use of neurontin. Therefore, Neurontin 600 mg, #60, is not medically necessary per the referenced guidelines.