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| <b>Case Number:</b>   | CM14-0198427 |                              |            |
| <b>Date Assigned:</b> | 12/08/2014   | <b>Date of Injury:</b>       | 11/07/2010 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 10/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 Practice, and is licensed to practice in Florida. 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 patient is an adult female with a date of injury from 1/02/1973-11/7/2010. The mechanism of injury is not described in the rather limited documentation that has been provided. She has the following diagnoses: cervical discopathy, lumbar discopathy, carpal tunnel syndrome, and chronic headaches. Her work status per a December 9th 2011 Orthopedics re-evaluation and progress report was described as temporarily totally disabled. Unfortunately, no more recent documentation has been provided. No recent physical exam notes are available. Back in 2011 she was taking Norco and Gabapentin for pain. She is apparently still taking these medications since a utilization review physician did not certify their continuation. Therefore, an independent medical review was requested to determine the medical necessity of the medications in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100 mg, 120 count, provided on December 9, 2011: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Orphenadrine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Orphenadrine is not medically necessary.

**Gabapentin 600 mg, 120 count, provided on December 9, 2011:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs, Gabapentin Page(s): 18-19.

**Decision rationale:** California MTUS guidelines recommend the medication Gabapentin for the treatment of neuropathic pain. These guidelines state, "Gabapentin (Neurontin, Gabarone TM, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." This patient is noted on a 2011 progress note to have chronic neck and back pain with chronic headaches. No recent documentation has been provided regarding if this medication is even still improving her pain and allowing her better function. There is also not adequate documentation that has been provided to suggest that this patient has ongoing neuropathic pain. For the aforementioned stated reasons, this medication is not considered medically necessary.