

<b>Case Number:</b>	CM14-0216560		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 injured worker is a 59-year-old female who reported an injury on 06/21/2010 due to an unspecified mechanism of injury. On 12/08/2014, she presented for a followup evaluation. She reported pain in the cervical spine rated at a 7/10 at its worse, 1/10 at its least and usual pain of 3/10. Diagnostic studies included unofficial x-rays, MRIs, and electrodiagnostic studies. Her surgical history was significant for radiofrequency lesioning on the right C2, C2-3, 3, 4 on 08/05/2013; medial branch blocks on 02/06/2013; and epidural steroid injections on unspecified dates. Past treatments have included medications, injections, surgery, physical therapy, and radiofrequency lesioning. Her medications include trazodone, Tylenol, Flexeril, Lyrica, Zoloft, Soma, Xanax, tramadol, Aleve, Cymbalta, baclofen, Lexapro, and Celebrex. A physical examination showed that she was in moderate discomfort. There was tenderness on the right and scars from a previous surgery on the anterior neck. There was tenderness over the upper and mid cervical facets on the right with some tenderness over the lower cervical facets on the right. Facet loading was positive on the right. There was tenderness over the medial aspect of both knee joints on the right side worse than the left. She was diagnosed with chronic pain syndrome, cervical spondylosis without myelopathy, postlaminectomy syndrome of the cervical region, degeneration of cervical intervertebral disc, generalized osteoarthritis involving multiple sites, adjustment disorder with mixed anxiety and depression mood, overweight, dietary surveillance and counseling, unspecified myalgia and myositis, and carpal tunnel syndrome. The treatment plan was for gabapentin with 3 refills and Mobic for 3 refills. The Request for Authorization Form and rationale for treatment were not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin (x3 refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to The California MTUS Guidelines, gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment option for neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine, however, there is a lack of documentation regarding the injured worker's response to this medication in terms of a quantitative pain relief and an objective improvement in function. Without this information, a continuation of this medication would not be supported. In addition, 3 refills of this medication would not be supported without a re-evaluation of the injured worker to determine success. Furthermore, the frequency and dosage of the medication was not stated within the request. Given the above, the request is not medically necessary.

**Mobic (x3 refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to The California MTUS Guidelines, NSAIDs are recommended for the short term relief of symptomatic low back pain and osteoarthritis and tendinitis and joints that lend themselves to treatment. There should be documentation of an objective improvement in function and a quantitative decrease in pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine. However, there is a lack of documentation showing the injured worker's response to the medication Mobic in terms of a quantitative decrease in pain and an objective improvement in function. Without this information, a continuation would not be supported. In addition, 3 refills of the medications would not be supported without a re-evaluation of the injured worker to determine treatment success. Furthermore, the dosage, frequency, and quantity of the medication was not stated within the request. In the absence of this information, the request would not be supported. As such, the request is not medically necessary.

