

<b>Case Number:</b>	CM15-0006448		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 reported an injury on 02/22/2006. He had been diagnosed with myalgia and myositis, as well as lumbar sprain/strain following his work related injury. The injured worker had previously been utilizing gabapentin at 600 mg by mouth 3 times a day to help with neuropathic pain from his lumbar spine injury, causing numbness and tingling, affecting both feet. Additionally, the treating physician had indicated that the injured worker's use of Fexmid was to treat his acute muscle spasms in the right lumbar paraspinal muscles. It was noted on the Utilization Review/Peer Review Report dated 09/29/2014 that the injured worker had been provided with Neurontin in the past for leg paresthesia secondary to lumbar spine radiculopathy, but since this medicine was not sufficient in controlling numbness, he was started on Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to the California MTUS Guidelines, the use of this medication is indicated for a short duration with documentation of significant decrease in symptoms to allow for ongoing use. However, in the case of this injured worker, there was a lack of overall documentation of sustained relief from the use of the Flexeril toward treatment of his muscle spasms. Additionally, he had been utilizing this medication for longer than the recommended duration under the guidelines. Therefore, without sufficient information of positive results with the use of the Flexeril and with the injured worker utilizing this medication beyond the recommended duration, the request cannot be supported and is considered not medically necessary.

**Neurontin 800mg TID #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** Although the injured worker had been identified as having neuropathic pain, there was a lack of overall information regarding the use of Neurontin to help decrease his symptoms. Although he indicated that the medication had been useful in reduction of his neuropathic pain, there were no quantitative measurements of decrease in his pain level or improvement in his functional ability while utilizing the Neurontin. Additionally, the request has stated that the treating physician is asking for Neurontin 800 mg 3 times a day for a total of 100 tablets with the injured worker's prior use of Neurontin at 600 mg. Therefore, without a thorough rationale for the increase in milligrams, and without information on the most recent clinical documentation stating that the injured worker's pain level had been sufficiently decreased and improvements in his overall functional ability have been identified, the ongoing use of Neurontin cannot be supported and is not medically necessary.