

<b>Case Number:</b>	CM15-0013177		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Emergency 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 35 year old female who sustained an industrial injury on 08/05/2013. The injured worker has pain in the lower and mid back, left hand, left foot, posterior neck and has coronal headaches, and occipital headaches. Diagnoses include foot sprains and strains, lumbar sprain and strain, and sprain and strain of unspecified site of the back. Treatment to date has included medications, acupuncture, cortisone injections, and chiropractic sessions. A physician progress note dated 12/09/2014 documents the injured worker has limited range of motion in the cervical and lumbar spine. She has tenderness present in the cervical, thoracic and lumbar spine. There is neuropathic pain in the bilateral hands, and plantar arch pain which is unremitting. A recent Magnetic Resonance Imaging revealed 3mm disc bulges at L2-L3, L3-L4, L5-S1, and a 4.4mm bulge is noted at L4-L5. Treatment requested is for Flexeril 7.5mg 30day #90 and Neurontin 600mg 30 days #120. On 01/16/2015 Utilization Review modified the request for Neurontin 600mg, 30 days # 120, to Neurontin 600mg, 30 days, # 90, and cited was The MTUS, ACOEM-Chronic Pain Medical Treatment Guidelines. On 01/16/2015 Utilization Review modified the request for Flexeril 7.5mg 30day #90, to Flexeril 7.5mg 30day #45 for weaning, cited was The MTUS, ACOEM-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg 30 days #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

**Decision rationale:** The requested Neurontin 600mg 30 days #120, are not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. The injured worker has pain in the lower and mid back, left hand, left foot, posterior neck and has coronal headaches, and occipital headaches. The treating physician has documented limited range of motion in the cervical and lumbar spine. She has tenderness present in the cervical, thoracic and lumbar spine. There is neuropathic pain in the bilateral hands, and plantar arch pain which is unremitting. The treating physician has not documented exam evidence of nerve impingement, nor objective evidence of derived functional improvement. The criteria noted above not having been met, Neurontin 600mg 30 days #120 is not medically necessary.

**Flexeril 7.5mg 30day #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

**Decision rationale:** The requested Flexeril 7.5mg 30day #90, are not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the lower and mid back, left hand, left foot, posterior neck and has coronal headaches, and occipital headaches. The treating physician has documented limited range of motion in the cervical and lumbar spine. She has tenderness present in the cervical, thoracic and lumbar spine. There is neuropathic pain in the bilateral hands, and plantar arch pain which is unremitting. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg 30day #90 is not medically necessary.