Case Number:	CM15-0124773		
Date Assigned:	07/09/2015	**Date of Injury:**	10/23/2013
Decision Date:	09/10/2015	**UR Denial Date:**	06/11/2015
Priority:	Standard	**Application Received:**	06/29/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 44 year old male, who sustained an industrial injury on October 23, 2013. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck, back, left shoulder and left ankle complaints. The diagnoses have included cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, cervicalgia, cervical intervertebral disc degeneration, lumbar sprain/strain, lumbar disc disease, left shoulder labral tear, left rotator cuff tear, left shoulder bursitis, left shoulder impingement syndrome, left ankle sprain/strain, left ankle fracture/distal fibula fracture and left ankle tenosynovitis. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, injections, chiropractic treatments, extracorporeal shockwave therapy, transcutaneous electrical nerve stimulation unit, lumbar-sacral orthosis back brace and left shoulder surgery. The injured worker was not working. Current documentation dated June 10, 2015 notes that the injured worker reported occasional severe achy neck pain, occasional moderate achy low back pain, constant moderate achy left shoulder pain and constant moderate achy left ankle pain. Examination of the cervical spine revealed tenderness to palpation, muscle spasms, a decreased range of motion and a negative Spurling's maneuver. Lumbar spine examination revealed tenderness to palpation, decreased flexion and a negative straight leg raise. Examination of the left shoulder revealed tenderness to palpation, spasms, decreased range of motion and positive Neer's and Hawkin's tests. Left ankle examination revealed tenderness to palpation of the anterior ankle and a normal range of motion. The treating physician's plan of care included a

request for Cyclobenzaprine 7.5 mg # 90 with the date of service 5/26/2015 and Gabapentin 600 mg # 60 with a date of service of 5/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cyclobenzaprine 7.5mg #90 DOS: 5/26/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41, 42, 63-66.

Decision rationale: Regarding the medication Cyclobenzaprine for pain relief the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used longer than 2-3 weeks. The documentation supports the injured worker had chronic neck, low back, left shoulder and left ankle pain. The injured worker was noted to have muscle spasms of the neck, lumbar spine and left shoulder. The documentation supports that the injured worker has been receiving Cyclobenzaprine since at least February of 2015. There is lack of documentation on subsequent visits (4/28/2015, 5/26/2015 and 6/10/2015) of objective pain assessment levels and specific increased functional improvement with the use of the medication. The request for Cyclobenzaprine is not medically necessary.

Gabapentin 600mg #60 DOS 5/26/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Gabapentin Page(s): 16-18, 49.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia

and has been considered as a first-line treatment for neuropathic pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain. These medications provide additional analgesia and reduce the dependence on opioids and other medications. The injured worker has been on this medication since February of 2015. There is lack of documentation on subsequent visits (4/28/2015, 5/26/2015 and 6/10/2015) of objective pain assessment levels and specific increased functional improvement with the use of the medication. The request for Gabapentin is not medically necessary.