

<b>Case Number:</b>	CM15-0173776		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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:

This injured worker is a 64 year old male who reported an industrial injury on 2-11-2010. His diagnoses, and or impressions, were noted to include: myofascial pain syndrome; lumbar sprain; cervical sprain with radiculopathy; and status-post right shoulder and left ankle surgery. No imaging studies were noted. His treatments were noted to include: ultrasound guided injection (2-25-15); medication management; and modified work duties. The progress notes of 4-14-2015 were hand written and difficult to decipher, but were noted to report: continued pain in the lumbar spine with some numbness in the right leg; that he was not working; tenderness (illegible); and pain in right shoulder and left (illegible). The objective findings were noted to include: spasms in the lumbar para-spinal muscles' positive straight leg raise; decreased (illegible); decreased strength right shoulder and right foot-ankle; and positive right shoulder (illegible). The physician's request for treatment was noted to include refilling his medications which were noted to include: Flexeril 7.5 mg, 1 tab at bed time; and Neurontin 900 mg, 3 x a day (versus the sticker on the PR-2 that noted Gabapentin 600 mg, #100). The Request for Authorization, dated 4-14-2015, was noted to include Flexeril and Neurontin. The Utilization Review of 8-5-2015 non-certified the request for Flexeril 7.5 mg and Neurontin 900 mg; noted to be different than what was listed on both the Application for Independent Medical Review and the NOARFI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** It is unclear why this is being appealed as Utilization Review has approved medications with corrections/clarifications from primary provider. As per MTUS guidelines, cyclobenzaprine is a muscle relaxant. This is an incomplete request. Total number of tablets were not included in this request. This cannot be safely approved. Not medically necessary.

**Neurontin 600 mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** It is unclear why this is being appealed as Utilization Review has approved medications with corrections/clarifications from primary provider. As per MTUS guidelines, Neurontin is an Antiepilepsy drug. This is an incomplete request. Total number of tablets were not included in this request. This cannot be safely approved. Not medically necessary.