

Case Number:	CM13-0003734		
Date Assigned:	12/11/2013	Date of Injury:	12/07/2005
Decision Date:	01/23/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; muscle relaxants; unspecified amounts of manipulative therapy; and prior right elbow surgery. It does not appear that the applicant has returned to work. In a Utilization Review Report of July 8, 2013, the claims administrator denied a request for Neurontin, oxycodone, Zanaflex, and Pepcid. The applicant's attorney later appealed. An earlier clinical progress note of September 20, 2013 is notable for comments that the applicant reports 5/10 pain. She states that medications allow her to maintain activity levels. She is on oxycodone, Elavil, Neurontin, Pepcid, and Zanaflex. The low back is the principal site effecting by pain. The applicant is able to ambulate without an assistive device. She is given refills of Oxycodone, Elavil, Pepcid, Zanaflex, and Neurontin. The applicant wants to increase Neurontin for her right forearm neuropathic pain. On October 16, 2013, the applicant stated that the cold weather has resulted in heightened neuropathic pain about the right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin: Overturned

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

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

Decision rationale: As noted on Page 49 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Gabapentin or Neurontin is a first-line drug in the treatment of neuropathic pain. In this case, the information on file did suggest that the applicant was having a flare of neuropathic pain on or around the date and question, with stabbing pain and paresthesias in the elbow and forearm. Employing Neurontin at a heightened dose was indicated. Therefore, the request is certified.

Zanaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: Tizanidine (Zanaflex®[®], generic available) is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Side effects: somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation.

Pepcid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does suggest that H₂ antagonist such as Pepcid can be employed in the treatment of Nonsteroidal anti-inflammatory drugs (NSAID)-induced dyspepsia, in this case, however the documentation on file does not clearly establish the presence of any issues with dyspepsia, either Nonsteroidal anti-inflammatory drugs (NSAID)-

induced or stand-alone. There is no mention of dyspepsia made on any progress note referenced above, either in the body of the report or in the review of systems section. Therefore, the request remains non-certified, on independent medical review