

<b>Case Number:</b>	CM13-0029876		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 43-year-old female who reported an injury on 10/03/2012. The notes indicate the patient was most recently evaluated on 08/23/2013 for complaints of neck pain and headache. The patient indicated a pain scale of 10/10 without medications and 7/10 with medications. The patient reported that her pain was worse in the neck and head with chiropractic treatment. The patient also indicated that her quality of sleep is poor. Medications prescribed to the patient as of the visit included Zanaflex 2mg, Nucynta 75mg, Horizant 600mg, and Cymbalta 30mg. Prior treatment history includes a cervical epidural steroid injection at C7 on 07/01/2013, as well as MRI of the cervical spine on 12/06/2012 which revealed a minimal central disc bulge at C7-T1 measuring 2 mm with no spinal canal stenosis or nerve root impingement. The patient also has history of prior MRI of the head on 03/19/2013 which revealed an infratentorial arachnoid cyst above the superior cerebellar vermis measuring 1.6 cm x 2.1 cm x 1.3 cm. The clinical notes of this visit on 08/28/2013 indicated Horizant would be discontinued due to dizziness reported by the patient. Physical examination of the patient noted no cervical lordosis, asymmetry, or abnormal curvature on inspection of the cervical spine. Range of motion was restricted with flexion to 35 degrees, extension 30 degrees, lateral rotation to the left to 25 degrees, and to the right at 25 degrees with pain on extension and with right lateral bending and right lateral rotation. Motor testing was limited secondary to pain and sensory examination revealed normal touch, pain, temperature, deep pressure, vibration, tactile localization, and tactile discrimination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; with an unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. 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. This medication may also provide benefit as an adjunct treatment for fibromyalgia. While the documentation submitted for review indicates the patient has pain complaints on physical examination with decreased range of motion, primarily with extension, right lateral bending, and right lateral rotation, there is lack of documentation submitted for review indicating the patient has muscle spasms related to these findings. Given the above, the request for Zanaflex is not medically necessary and appropriate.

**Horizant 600mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Horizant is a prodrug of gabapentin. The clinical documentation submitted for review indicates the patient was discontinued from this medication due to complaints of dizziness. Furthermore, there is lack of documentation submitted for review indicating neuropathic pain on physical examination to support the recommendation for Horizant. Given the above, the request for Horizant is not medically necessary and appropriate.