

<b>Case Number:</b>	CM13-0032214		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 59-year-old female who reported an injury on 02/02/2005 due to an unknown mechanism. The injured worker complained of right-sided neck pain, right upper back pain, and pain to the right upper extremity with tingling involving her fingers. On physical examination dated 10/22/2013, there was tenderness to the cervical spine in the lateral lower cervical spine on the right over the area of the facet joints. There is a palpable muscle spasm and muscle tenderness especially the right cervical paraspinal muscle, trapezius, and levator scapula muscle. The injured worker's diagnoses were thoracic outlet syndrome and status post axillary approach decompressive surgery, surgical spondylosis and facet arthropathy contributing to the right lower neck pain and upper back pain, and cervical dystonia and muscular contractions. The injured worker's past treatment and diagnostics were chemodenervation of the right cervical region with botulinum toxin. The second procedure done was a chemodenervation of the right extremity and trunk with botulinum toxin; limited electromyogram and an operative ultrasound and a right stellate ganglion block; that was dated on 08/22/2013. The treatment plan was for Neurontin, tramadol, and Zanaflex. The Request for Authorization Form was not submitted with documentation review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN:** 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 Gabapentin Page(s): 49.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state Neurontin (gabapentin) is an antiepileptic drug (AED/also referred to as an anticonvulsant), which has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain. The injured worker complained of significant right-sided neck pain and right upper back pain with tingling involving her fingers. The injured worker has documented diagnoses of thoracic outlet syndrome, cervical spondylosis, and cervical dystonia. However, the request does not include the frequency, dose or quantity of the proposed medication. Given the above, the request is not medically necessary and appropriate.

**TRAMADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines for tramadol are that it is a centrally-acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. The injured worker complained of right-sided neck pain and upper back pain with tingling involving her fingers. In addition, the request does not include the frequency, dose or quantity of the proposed medication. As such, the request is not medically necessary and appropriate.

**ZANAFLEX:** 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic pain. The documentation submitted for review indicates the injured worker was experiencing muscle spasms. Guidelines indicate muscle relaxants are not recommended for long-term use. Furthermore, there is no mention of the frequency, dose or quantity on the request. As such, the request for Zanaflex is not medically necessary and appropriate.

