

<b>Case Number:</b>	CM13-0046583		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic right ankle pain, abdominal pain, sleep apnea, hypertension, obesity, and diabetes reportedly associated with an industrial injury of January 24, 2002. Thus far, the applicant has been treated with the following: Analgesic medications, including short-acting opioids; adjuvant medications; muscle relaxants; transfer of care to and from various providers in various specialties; a prior carpal tunnel release surgery; a prior spinal cord stimulator implantation; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 14, 2013, the claims administrator denied a request for Zanaflex, denied a request for Neurontin, and partially certified a request for Tylenol No. 4 for weaning purposes. An earlier note of March 20, 2012 is notable for comments that the applicant is off of work, on total temporary disability. On January 17, 2014, the attending provider appealed the medication denials. The attending provider wrote that the applicant's back pain was unchanged, but that the applicant continues to take Neurontin, Tylenol No. 4, and Zanaflex. The applicant was using a cane. The applicant had multifocal tenderness and limited lumbar range of motion. The attending provider went on to appeal the denial of the medications in question. In a clinical progress note of December 5, 2013, blurred as a result of repetitive photocopying, the applicant's work status was not described. Medications were again renewed. An earlier rheumatology note of November 15, 2013 is notable for comments that the applicant is using medications for reflex sympathetic dystrophy and remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine. Page(s): 66.

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

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does tepidly endorse usage of tizanidine or Zanaflex for unlabeled purposes in the treatment of low back pain, in this case, however, the applicant has been using this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on various forms of medical treatment, including medications, a cane, a spinal cord simulator, etc., taken together, imply that ongoing usage of Zanaflex has been unsuccessful. Therefore, the request remains non certified, on independent medical review.

**Neurontin 600 mg, QTY: 60.00:** Upheld

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

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for gabapentin is three to eight weeks for titration purposes, and then one to two weeks at maximum tolerated dosage. The applicant should be asked at each visit as to whether there has been a change in function or pain as a result of ongoing gabapentin usage. In this case, however, the applicant has been using gabapentin or Neurontin chronically, for well in excess of three to eight weeks. There has, however, been no evidence of reduction in pain scores or improved function as a result of ongoing Neurontin usage. In his appeal letter, the attending provider acknowledged that the applicant's symptoms and pain level were unchanged despite ongoing usage of Neurontin. Continued usage of Neurontin is not indicated, at this late date, in light of the applicant's failure to affect any lasting benefit or functional improvement through prior usage of the same. Accordingly, the request is not certified.

**Tylenol #4, QTY: 120.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant has failed to return to work. The applicant's ability to perform activities of daily living remains diminished despite ongoing tramadol usage. The applicant's pain scores and pain levels are likewise unchanged despite ongoing tramadol usage. Continuing tramadol in this context is not indicated. Accordingly, the request is not certified.