

Case Number:	CM13-0047529		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2007
Decision Date:	03/12/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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:

A prior 10/25/13 UR noncertified Norco, Zanaflex, Neurontin. This review addresses the medical necessity of these 3 medications again. The patient is a 57 year old female with a date of injury dated 6/25/07

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and Tizanidine Page(s): 63-66.

Decision rationale: Zanaflex 4 mg, #120 is not medically necessary per MTUS guidelines. Per MTUS guidelines regarding muscle relaxants : Guidelines "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this

class may lead to dependence." Documentation indicates no significant change in functional improvement on prior Zanaflex treatment.

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 75, 91, 11-12, 78.

Decision rationale: Norco 10/325 mg, #120: is not medically necessary per MTUS guidelines. Per MTUS guidelines, "When to Discontinue Opioids:(a) If there is no overall improvement in function, unless there are extenuating circumstances7) When to Continue Opioids:(a) If the patient has returned to work (b) If the patient has improved functioning and pain.(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003)" From documentation submitted there has been no significant increase or improvement in function or improvement in pain level therefore Norco is not medically necessary.

Neurontin 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

Decision rationale: Neurontin 300mg is not medically necessary per MTUS guidelines. Pr guidelines Gabapentin (Neurontin®®, Gabaroneâ¿, generic available) has been 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.Documentation submitteddoes not support neuropathic symptoms on physical examination. Therefore Gabapentin is not medically necessary.