

<b>Case Number:</b>	CM13-0071234		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/10/1993
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 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 patient submitted a claim for [REDACTED] associated with an industrial injury date of September 10, 1993. Treatment to date has included physical therapy, pain medications such as Norco 10/325 7 times per day, Zonegren 100mg 6 tablets at bedtime, Zanaflex 4mg 12tablets per day, Lyrica, and Miralax. Medical records from 2013 were reviewed showing that patient presented with bilateral arm pain grade 5-8/10 that originated from the hand and shoulders radiating to the head, neck, and arms. Patient was diagnosed to have brachial plexus neuritis/neuropathy. On physical examination, the patient has no sensory deficit but notes intermittent numbness of both hands, worse in left. He also notes general weakness of hands and arms. Patient demonstrates full range of motion except on the shoulders that only abducts to 110 degrees. Utilization review from December 5, 2013 denied the request for one-month supply of Norco, Zonegren and Zanaflex with unspecified dose, frequency and amount. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH SUPPLY OF NORCO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 78-79 states that Norco, a short acting/ immediate release opioid, for long term use should include monitoring of 4As: analgesia, activities of daily living, adverse effect and aberrant behaviors. The absences of an overall improvement in function and/or continuing pain are triggers for discontinuation of treatment. In this case, despite prolonged use of Norco since February 2013, the records provided for review do not quantify any improvement in pain and function. In addition, there was no mention of dosing, frequency, and quantity to be dispensed of the requested medication. Therefore, the request for one month supply of Norco is not medically necessary and appropriate.

**ONE MONTH SUPPLY OF ZONEGREN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 22.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 16 states that anti-epilepsy drugs (AED) are recommended for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. Page 22 states that zonisamide (Zonegran) is among the AEDs most recently approved for neuropathic pain. This should be used only when carbamazepine, gabapentin, or lamotrigine cannot be used. In this case, patient has been prescribed with Zonegran since 2012 for his painful neuropathy. Medical records submitted and reviewed indicate that Lyrica, a first-line treatment for neuropathic pain, was discontinued due to concomitant problems with blood pressure and edema. The medical necessity for Zonegran has been established. However, the present request does not specify the dosage, frequency, and amount of medication to be dispensed. Therefore, the request for one month supply of Zonegran is not medically necessary and appropriate.

**ONE MONTHLY SUPPLY OF 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:** CA MTUS Chronic Pain Medical Treatment Guidelines page 66 states that Zanaflex a centrally acting muscle relaxant is recommended for MPS and fibromyalgia. There was no mention that it is recommended for neuropathic pain. In this case, Zanaflex has been prescribed since February 2013. However, the patient's problem is not of musculoskeletal origin and is more of neuropathic pain. Medical records submitted and reviewed do not provide

evidence of muscle spasm warranting the use of this medication. Furthermore, the present request does not specify the dosage, frequency, and amount of medication to be dispensed. Therefore, the request for one month supply of Zanaflex is not medically necessary and appropriate.