

Case Number:	CM14-0014029		
Date Assigned:	02/26/2014	Date of Injury:	05/23/2008
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 23, 2008. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, attorney representations, muscle relaxants and cervical epidural steroid injection therapy. In a Utilization Review Report dated January 31, 2014, the claims administrator partially certified Gabapentin while denying Tizanidine and Methocarbamol outright. The applicant's attorney subsequently appealed. In a January 14, 2014 progress note, the applicant reported highly variable neck pain radiating to the arms, ranging anywhere from 5-10/10. The applicant stated that her pain was interfering with sleep, activities of daily living, and work. The applicant was feeling depressed, frustrated, and hopeless, it was stated. The applicant stated that unspecified activities of daily living were being ameliorated with medication therapy. The applicant was on Tizanidine, Levoxyl, Methocarbamol, Hydrochlorothiazide, Lexapro, Klonopin, Wellbutrin, and Acyclovir, it was suggested. 4/5 wrist strength was noted. The applicant reportedly had electrodiagnostic testing suggestive of cervical radiculopathy following earlier single-level cervical fusion surgery. The applicant stated that Neurontin was improving her paresthesias and that she was wondering whether a heightened dosage of the same, 600 capsules thrice daily, would be beneficial. Methocarbamol and Tizanidine were also endorsed. In a progress note dated September 16, 2013, it was stated that the applicant was no longer working as a sonographer and was using a variety of medications, including buprenorphine, bupropion, Lexapro, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg tablet 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin can be titrated for up to three to eight weeks. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that a total daily dosage of 1800 mg of Gabapentin can be employed. In this case, the thrice daily dosing seemingly proposed by the attending provider does seemingly represent treatment at the upper end of the Gabapentin dosing. The attending provider has seemingly posited that lower dosages of Gabapentin were only incompletely effectively. Escalation or elevation of the dosage of Gabapentin at the level proposed by the attending provider was therefore indicated. Therefore, the request was medically necessary.

Methocarbamol (Robaxin) 500mg tablet 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Methocarbamol are recommended as second line agents, to treat acute exacerbations of chronic low back pain. In this case, the applicant's primary pain generators are the neck and bilateral upper extremities as opposed to the low back, it is incidentally noted. It is further noted that the MTUS does not endorse the seemingly scheduled, long-term, and/or chronic usage of methocarbamol proposed by the attending provider. Therefore, the request is not medically necessary.

Tizanidine 4mg tablet 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-63, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 7,66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the management of spasticity and can be

employed off label for low back pain, in this case, as with the request for Robaxin, the applicant's primary pain generator is the neck, not the low back. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, ongoing usage of Tizanidine or Zanaflex has failed to generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on various other medications, including buprenorphine, Wellbutrin, Lexapro, Neurontin, methocarbamol, etc. All of the above, taken together, imply that ongoing usage of Tizanidine has been unsuccessful in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.