

<b>Case Number:</b>	CM14-0024877		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation and Pain 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 injured worker is a 50-year-old male who reported an injury on 02/13/2006. He sustained injuries to his lower extremity and he was found to have cervical myelopathy with disc protrusions and cord compression. The injured worker's treatment history included x-ray studies, MRI studies, and medications. The injured worker was evaluated on 01/30/2014 and it was documented that the injured worker had been having sharp pain in the left foot. The injured worker stated he finally was making progress again with water therapy, regaining balance, strength, and improving pain. The injured worker complained of severe low back pain rated at 9/10. He had trouble sleeping without Tizanidine and Valium, which provide good sleep, numbness right foot and lateral calf, chronic neck pain, and bilateral shoulder pain. The physical examination revealed lumbar pain/tingling with straight leg raise on the right, motor strength was 4/5 bilaterally, sensory loss on the lateral right calf and entire foot, and loss of position sense. Medications included Valium 5 mg, Lyrica 100 mg, Gabapentin 600 mg, OxyContin 40 mg, Tizanidine 4 mg, Cymbalta 60 mg, and Lunesta 3 mg. Diagnoses included post-cervical decompression and rule out right L5 radiculopathy. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 1 Prescription of Tizanidine 4mg, #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antispasmodics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an antiepilepsy drug (AEDs, also referred to as anticonvulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency of the medication. Given the above, the request for prospective request for one prescription of Gabapentin 600 mg #90 is not medically necessary.

**Prospective Request for 1 Prescription of Gabapentin 600mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anti-Epilepsy Drugs (AEDS)

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

**Decision rationale:** The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted on 01/31/2014 state the medications are beneficial to the injured worker; however, there was lack of documentation of long-term functional improvement for the injured worker. There was lack of evidence if the injured worker pain medication management. Furthermore, the request lacked frequency and duration of the medication. In addition, the guidelines do not recommend Tizanidine to be used for long-term use. Given the above, the prospective request for one prescription of Tizanidine 4 mg #90 is not medically necessary.