

<b>Case Number:</b>	CM14-0026319		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/27/1993
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 is licensed to practice in Alabama. 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 is a 57 year old female who was injured on 01/27/1993. The mechanism of injury is unknown. A progress report dated 02/14/2014 reported the patient complained of pain in her neck and back. She stated it was achy, stabbing, and throbbing in nature. She rated the pain as a 7/10 at best and 8/10 at worst. On exam, there is tightness in the paracervical musculature bilaterally with mild tenderness to palpation. Diagnoses are thoracic/lumbar neuritis with radiculitis, neck sprain/strain, cervicalgia, brachial neuritis and radiculitis and lumbar sprain/strain. Prior utilization review dated 02/26/2014 states the request for oxycontin 20 mg quantity 90, Gabapentin 300 mg quantity 90, Zanaflex 4 mg quantity 90 is denied as there is a lack of functional benefit provided. Oxycontin is not recommended as the patient's condition has not changed and there was no evidence of muscle spasm in either subjective or objective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 20 MG QUANTITY 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-79.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that opioids for chronic back pain "appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited." Further, the MTUS Chronic Pain Guidelines state that for on-going management of opioids, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. They further state that opioids can be continued "if the patient has improved functioning and pain." In this case there is no documented history of objective functional benefit. In addition there has been adequate time to wean the medication. Therefore, the request is not medically necessary and appropriate.

**GAPAPENTIN 300 MG QUANTITY 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that there is insufficient evidence to recommend for or against antiepileptic drugs (AEDs) for axial low back pain regarding chronic non-specific axial low back pain. Outcome for a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction, with a lack of response of 30% "may be the trigger to switch to a different first-line agent (TCA, SNRI, or AED are considered first-line treatment)." In this case there is no documented history of at least 30% pain relief with the use of Gabapentin despite adequate trial of over 8 weeks. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Therefore, the request is not medically necessary and appropriate.

**ZANAFLEX 4 MG QUANTITY 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Antispasmodics are used to decrease muscle spasm in conditions such as LBP. Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. In this case there is no documented history of muscle spasm or spasticity. There is no documented history of significant improvement with use of prior zanaflex. The MTUS Chronic Pain Guidelines state that efficacy appears to diminish over time, so there is no documentation to justify the continued use of zanaflex. Therefore, the request is not medically necessary and appropriate.

