

<b>Case Number:</b>	CM14-0026484		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/25/2014
<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 & Rehabilitation and is licensed to practice in California & Washington. 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 57-year-old female who reported an injury on 10/26/1999. The mechanism of injury was not provided. On 05/15/2014, the injured worker presented with neck strain radiating to the posterior aspect of the bilateral upper extremities associated with numbness down to her hands with weakness in the right hand. The diagnosis was neck strain. Upon examination of the cervical spine, there was pain upon palpation at the base of the skull to C5-6 and crepitus with range of motion. There was stiff rotation with pain and decreased grip and sensation in the right hand. There was decreased muscle tone in the biceps area and +1 reflexes. Medication included Neurontin, Zanaflex, Norco, and nabumetone. The provider recommended Neurontin, Zanaflex, Norco, and nabumetone. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG #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): 16-22.

**Decision rationale:** The California MTUS Guidelines state Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs would depend on improved outcomes versus tolerability and adverse effects. The injured worker has been prescribed Neurontin since at least 03/2014; the efficacy of the medication was not provided. Additionally, the provider's request for Neurontin does not include the frequency of the medication in the request as submitted. As such, the request for Neurontin 300 mg #90 is not medically necessary.

**ZANAFLEX 2MG #30:** 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 Muscle Relaxants for pain Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line options for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed Zanaflex since at least 03/2014; the efficacy of the medication was not provided. Additionally, the provider's request for Zanaflex 2 mg does not indicate the frequency of the medication in the request as submitted. As such, the request for Zanaflex 2 mg #30 is not medically necessary.

**NORCO 10/325MG #120:** 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, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommends the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Norco 10/325 mg #120 is not medically necessary.

**NABUMETONE 500MG #60:** 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 NSAID's Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbations of chronic low back pain. The Guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The injured worker has been prescribed nabumetone since at least 08/2012 with no improvement in condition. The Guidelines recommend the lowest dose for the shortest duration with evidence of decreased pain or increased function, the medication would not be warranted. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Nabumetone 500 mg #60 is not medically necessary.