

Case Number:	CM14-0031682		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2009
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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. 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 41 year old male who reported an injury on 10/15/2008 due to unknown mechanism, complained of back pain radiating from lower back down both legs, increased muscle cramps in both legs. The injured work rates his pain at 7/10 without medication and as low as 3/10 with acupuncture and medication. On physical exam dated on 01/31/2014 objectively appeared to be in moderate pain. There was tenderness noted over the posterior iliac spine on the right side sacroiliac spine. The medications included are, trazodone, gabapentin, bualg liniment and hydromorphone. The injured worker diagnoses are lumbar radiculopathy, low back pain, post lumbar laminectomy syndrome, and low back pain along with muscle cramps and spasms. The treatment plan was for gabapentin and Zanaflex 4mg. The injured workers treatments/diagnostics, the injured worker has undergone 2 past lumbar surgeries. The authorization form dated 02/14/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg Tab, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-20.

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

Decision rationale: The request for gabapentin 800mg tab number 90 is not medical necessary. The Medical Treatment Utilization Schedule (MTUS) indicates that gabapentin is an anti-epilepsy drug (AED-also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. Gabapentin has been considered as a first line treatment for neuropathic pain. The injured worker has documented diagnosis of lumbar radiculopathy and complained of back pain that radiates from lower back to bilateral lower extremities. However, the request does not include the frequency for the propose medication. Given the above, the request is not medically necessary.

Zanaflex 4mg Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 63-66.

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

Decision rationale: The request for zanaflex 4mg tab number 60is non-certified. The California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. The documentation submitted for review indicates that the injured worker is experiencing muscles cramps and spasms and achieve some relief with the zanaflex. Guidelines indicates muscle relaxants are not recommended for long term use. Furthermore, there is no mention of frequency on the request. As such the request for zanaflex4mg tab is non-certified.