

<b>Case Number:</b>	CM14-0033831		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Orthopedic Surgery, 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 claimant is a 48-year-old female who injured her low back on May 20, 2004. The records provided for review document that the claimant has a chronic history of low back related complaints and underwent an L3-4 laminectomy and discectomy in July 2007. The report of an MRI of the lumbar spine dated 09/20/13 identified disc desiccation from L1 through S1 with loss disc height at multi-levels. There were also significant surgical changes at the L3-4 level. A 01/31/14 follow up assessment noted ongoing neck and right upper extremity complaints as well as low back pain with radiating leg pain. Examination noted spasm and tenderness to palpation with significantly diminished range of motion, decreased motor strength to the lower extremities, and an abnormal gait pattern. The recommendation was made to continue medications of Gabapentin, Norco, and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 49 and 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, anti epilepsy drugs ( AEDs) for pain and Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18.

**Decision rationale:** Based California MTUS Chronic Pain Guidelines, continued use of Gabapentin is recommended as medically necessary. This individual has chronic pain complaints with a neurologic diagnosis. The claimant meets the criteria by the Chronic Pain Guidelines for the use of Gabapentin for the neuropathic component of pain complaints. This recommendation is based on claimant's continued physical examination findings demonstrating radicular process.

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use, page 76-80 Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued use of Norco is not medically necessary. The documentation for review reveals that a prior utilization review process from January 2014 provided a weaning dose of narcotic analgesic. At that time, there was documentation that the continued use of narcotics would not be supported as the claimant's chronic pain levels had not improved with use of the medication nor had the claimant's function from an activity standpoint changed. A weaning dose of Norco was provided at that time to ensure appropriate discontinuation of the agent. At present, there is no documentation to support the need for continued use of Norco for this individual who has already received weaning doses of short acting narcotic agent.

**Tizanidine HCL 2 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 and 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, page 63, page 111 Page(s): 63, 111.

**Decision rationale:** Tizanidine is not medically necessary. The California MTUS Chronic Pain Guidelines recommend the use of muscle relaxants as a second line option only for short term treatment of acute exacerbations in patients with chronic back complaints. The medical records in this case fail to demonstrate usage of first line agents including home exercise and anti-inflammatory medications for pain control and also fail to demonstrate acute symptomatic exacerbation of pain complaints. The chronic use of muscle relaxants are not supported by the Chronic Pain Guideline criteria. Therefore, the continued use of this agent is not medically necessary.