

<b>Case Number:</b>	CM14-0038310		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/16/1994
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who filed a claim for chronic knee, leg, and low back pain reportedly associated with an industrial injury of December 16, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; electrodiagnostic testing of September 11, 2013, notable for bilateral L5-S1 radiculopathy; unspecified amounts of physical therapy over the course of the claim; and multiple knee surgeries. In a utilization review report dated March 6, 2014, the claims administrator denied a request for Zanaflex. The claims administrator also denied a request for Motrin 600 mg. The applicant's attorney subsequently appealed. In a medical-legal evaluation of May 8, 1996, it was suggested that the applicant was unable to return to her usual and customary occupation. On June 17, 2014, the applicant was described as having multifocal neck, upper back, shoulder, low back, and knee pain, reportedly rated 10/10. The applicant was having difficulty sleeping and also developed derivative complaints of anxiety and spasm, it was stated. It was stated that the applicant had done worse since the last visit. The applicant reported pain ranging from 6 to 10/10. The applicant's ability to enjoy life was diminished, it is acknowledged. The applicant is using Biofreeze gel and Neurontin at this point in time. A knee brace was sought. Additional physical therapy was also endorsed. The applicant was placed off of work and described as medically disabled. On May 13, 2014, the applicant was again placed off of work and described as medically disabled. The applicant reported 7/10 pain, lasting about two-thirds of the day. The applicant is having issues with depression, anger, anxiety, and mood swings, it was acknowledged. The applicant is using a knee brace, it was suggested. On April 1, 2014 authorization was sought for aquatic therapy while the applicant was again placed off of work. The applicant's medication list included Biofreeze and Neurontin, it was stated. On February 18, 2014, the applicant was described as having persistent complaints of knee pain.

The applicant had apparently fallen owing to her knee buckling and giving out. The applicant was using Biofreeze, Cymbalta, Lyrica, and Neurontin. The applicant was placed off of work. It appears that the attending provider sought authorization for Motrin and Zanaflex via handwritten prescriptions of the same date, February 18, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex 4mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex section Page(s): 7, 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Guidelines notes that Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain. Page 7 of the MTUS Chronic Pain Guidelines notes that an attending provider should tailor medications and dosages to the applicant taking into consideration the applicant-specific variables such as other medications. In this case, however, the applicant did not furnish any rationale for selection of Zanaflex. The attending provider did not state why Zanaflex is being selected here. No rationale for selection for this particular drug was included within the medical records provided for review. The request for authorization appears to have been initiated through a handwritten prescription without any accompanying narrative rationale or narrative commentary. Therefore, the request is not medical necessary.

**Motrin 600mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 7, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, as with the previous request, page 7 of the MTUS Chronic Pain Guidelines states that an attending provider should tailor his selection of medications to the individual applicant taking into consideration variables such as other medications. In this case, however, the attending provider did not furnish any narrative rationale or commentary which would support introduction of Motrin. The attending provider did not state why Motrin is being selected here and/or why Motrin is being added to the applicant's medication regimen already comprising of Cymbalta, Lyrica, Neurontin, and Biofreeze. The request for authorization appears to have been

initiated through a handwritten prescription form without any accompanying rationale or narrative commentary. Therefore, the request is not medically necessary.