

<b>Case Number:</b>	CM14-0039517		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old male who has submitted a claim for degenerative disc disease with disc herniation L4-5 and L5-S1 status post 2 level instrumented fusion; musculoskeletal lumbar deconditioning, and chronic lumbar pain associated from an industrial injury date of April 5, 2007. The medical records from 2013-2014 were reviewed, the latest of which dated March 5, 2014 revealed that the patient states that his medications still work for him and he still needs them. He complains of pain in his lower back. His pain has gotten worse since his last visit due to the cold. His pain level is rated 2-3/10 with medications and 6-7/10 without. His pain is aggravated by bending, twisting, lifting, walking, sitting, and being in one position. His pain is improved with medication, rest, avoiding strenuous activities and changing positions. He describes his sleep as some good, some bad. On physical examination, the patient is not in acute distress. He ambulates with a normal gait with bilateral weight bearing and equal stride length. Lumbar Myotomes examination shows strength at 5/5 bilaterally. There are normal neurological and psychological findings. Treatment to date has included L4-S1 fusion (3/17/09), physical therapy, and medications, which include hydrocodone, tramadol, tizanidine, gabapentin and Cymbalta. Utilization review from March 17, 2014 denied the request for Zanaflex 4 gm, 1 TID, #90 because the medical records do not establish that the patient is having an acute exacerbation of chronic low back pain and there is no indication of spasm to warrant a muscle relaxant medication; modified the request for Cymbalta 30 mg, 1 daily, #30 to allow generic duloxetine 30mg, #30 because the use of such adjuvant medications could help reduce the patient's need for narcotic medications; and denied the request for Neurontin 100 mg, 1 TID, #90 because there is no indication that the patient has a neuropathic pain component and the patient reported nausea and stomach burning with gabapentin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 gm, 1 TID, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63, 66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been using Tizanidine since April 2010 for spasm. However, the most recent clinical evaluation does not indicate the presence of spasm. Moreover, the patient is on opioid analgesic and there is no clear indication at this time to necessitate adjunct treatment with muscle relaxant. Furthermore, guidelines do not support long-term use of Zanaflex. The medical necessity has not been established. Therefore, the request for Zanaflex 4 gm, 1 TID, #90 is not medically necessary.

**Cymbalta 30 mg, 1 daily, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15-16.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In this case, the patient has been using Cymbalta since April 2010 for depression. However, the most recent clinical evaluation does not include subjective or objective finding that will support the diagnosis of depression. In addition, there is no diagnosis of neuropathic pain or radiculopathy. The medical necessity for Duloxetine was not established. Therefore, the request for Cymbalta 30 mg, 1 daily, #30 is not medically necessary.

**Neurontin 100 mg, 1 TID, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurotin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; Gabapentin Page(s): 16-17, 49.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as 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. In this case, the patient has been on gabapentin since April 2010. The most recent clinical evaluation revealed that the patient reported nausea and stomach burning with gabapentin use. In addition, there is no subjective or objective finding that would indicate neuropathic pain in this patient. The medical necessity for gabapentin was not established. Therefore, the request for Neurontin 100 mg, 1 TID, #90 is not medically necessary.