MAXIMUS Federal Services

| Case Number: | CM14-0040325 | | |
|---|---|---|---|
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/18/2004 |
| Decision Date: | 10/13/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

## 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 Nevada. 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 47-year-old male who was reportedly injured on May 8, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 20, 2014, indicated that there were ongoing complaints of chronic low back pain radiating to the left lower extremity as well as weakness in the left lower leg and foot. Current medications were stated to include Norco, Zanaflex and Neurontin. The physical examination demonstrated limited lumbar spine range of motion, tenderness at the left sacroiliac joint and a positive left sided straight leg raise. Neurological examination noted muscle strength of 5/5, reflexes of 2, and decreased sensation in the left L5 and S1 nerve distributions. There was a recommendation for an magnetic resonance image of the lumbar spine, to continue a home exercise program, and to continue with existing medications. A request had been made for Zanaflex, Norco and Neurontin and was not certified in the pre-authorization process on March 6, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Precription of Zanaflex 4mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 20.

**Decision rationale:** Zanaflex is a muscle relaxant intended for short term episodic usage for muscle spasms and acute flares of low back pain. It is unclear from the medical records provided what efficacy was achieved with Zanaflex in the past or how often this medication was taken. This request for Zanaflex is for 90 tablets with three refills, which would total 360 tablets. A prescription of this magnitude does not indicate episodic usage. For these reasons, this request for Zanaflex is not medically necessary.

**1 Prescription of Norco 10/325mg #240 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 1.

**Decision rationale:** According to the medical records provided, the injured employee has been taking Norco for over one year's time. Yet, the most recent medical record available for review dated January 20, 2014, noted increasing symptoms. It would appear that the injured employee has not benefited from the use of an opioid medication such as Norco. There was also no objective measure of pain reduction, increased ability to work, and ability of the injured employee to perform activities of daily living related to the use of Norco. For these multiple reasons, this request for Norco is not medically necessary.

**1 Prescription of Neurontin 600mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ACOEM), 2nd Edition, (2004) Surgical Release is Recommended for Sub-Acute and Chronic Flexor Te.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers Neurontin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, the injured employee has neuropathic pain and radicular symptoms were noted on physical examination. As such, this request for Neurontin is medically necessary.