

Case Number:	CM14-0058882		
Date Assigned:	07/09/2014	Date of Injury:	10/15/2009
Decision Date:	10/23/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 41-year-old male with a 10/15/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 3/28/14, the patient complained of back pain radiating from his low back down both legs. He rated his pain without medications as 10 on a scale of 1 to 10, with medications the patient reported that his pain can be as low as 3-4/10 and as high as 7/10. In addition to pain, the patient also complains of cramps. The provider is initiating a trial taper of Gabapentin from 800mg to 600mg TID for nerve pain and to continue Zanaflex in order to address acute myofascial muscle spasms, tightness, cramping, and sleep. Objective findings: restricted range of motion of lumbar spine; paravertebral muscles, spasm, tenderness, and tight muscle band noted on palpation of lumbar spine; tenderness noted over posterior iliac spine; light touch sensation decreased over lateral foot, medial foot, medial calf, lateral calf. Diagnostic impression: lumbar back pain with radiculopathy, spinal/lumbar degenerative disc disease, low back pain, post lumbar laminectomy syndrome, mood disorder. Treatment to date: medication management, activity modification, surgery. A UR decision dated 4/16/14 denied the requests for Zanaflex and Gabapentin. Regarding Zanaflex, there is a lack of medical documentation provided using a first line muscle relaxer. Zanaflex is a second line medication according to CA MTUS. Regarding Gabapentin, there is no peripheral neuropathy found in the medical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA 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, 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. Also 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. According to the records reviewed, this patient has been on Zanaflex since at least 10/11/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Zanaflex 4 mg tablets #60 was not medically necessary.

Gabapentin 600 mg tablets #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the present case, the patient has complaints of back pain radiating from his low back down both legs. In addition, he has a diagnosis of lumbar radiculopathy. Guidelines support the use of Gabapentin for neuropathic pain. Therefore, the request for Gabapentin 600 mg tablets #90 was medically necessary.