

Case Number:	CM14-0079360		
Date Assigned:	07/18/2014	Date of Injury:	09/16/2010
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational and Environmental Medicine and is licensed to practice in West Virginia. 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 52-year-old male with an industrial injury dated 9-16-2010. Subjective complaints include constant neck pain, constant low back pain radiating to his lower extremities, and constant right foot pain. Individual has a cervical myofascial sprain/strain; lumbar myofascial sprain/strain and Morton's neuroma on the right second web space. He has a positive Mulder's click test. He has a persistent loss of range of motion with tenderness and spasms in his neck and low back without associated radiculopathy, according to a 5-15-14 visit with physician (objective). Individual is morbidly obese, diabetic, and suffers from major depression, as well. A lumbar MRI 3-27-14 showed hemangiomas at T2/T1, and likely renal cysts, but no acute spinal cord pathology. His utilization review, 5-7-14 was non-certified for Tizanidine HCL 4mg #60 and Gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex pages 63-67 Page(s): 63-67.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit in fibromyalgia. The MTUS also states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications." In this case, the physician does not adequately chart functional improvement since starting the medication. Also, the individual has been prescribed this medication as early at 6-6-13. While Tizanidine is recommended for myofascial pain, which the individual is diagnosed, the MTUS only recommends muscle relaxants for short-term treatment. Therefore, Tizanidine HCL 4mg #60 is not medically necessary and appropriate.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, page(s) 16-22 Page(s): 16-22.

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. The Official Disability Guidelines (ODG) states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. In this case, the injured worker has a Lumbar MRI 3-27-14 which showed some hemangiomas at T2/T1, and likely renal cyst, no spinal cord injury was noted. The most recent physician notes do not discuss neuropathic pain. He does not suffer from lumbar spinal stenosis or post op pain. Lastly, the injured worker has been taking this medication as early as June 2013 and an adequate response to pain or function has not been charted. Therefore, the request for Gabapentin 300 mg #60 is not medically necessary.