

Case Number:	CM15-0001089		
Date Assigned:	01/12/2015	Date of Injury:	01/24/2001
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 66 year old male sustained a work related injury on 01/24/2001. According to the oldest progress report submitted for review and dated 04/30/2014, the injured worker's medication regimen included the use of Zanaflex, Klonopin and Neurontin. During an office visit on 10/15/2014, objective findings included difficulty with standing. He was lying supine during the examination. He had pain in the low back with straight leg raise bilaterally. According to a progress report dated 12/10/2014, the injured worker was seen for ongoing low back pain. He continued to do very well on the current medication regimen with no adverse effects or aberrant behaviors. Medications included Morphine sulfate, Norco, Trazadone, Neurontin, Zanaflex, Klonopin, Cymbalta and Testim gel and were unchanged from previous visit. Objective findings were noted as no significant change. Diagnoses included 1. Post-laminectomy syndrome. The injured worker had 3 lumbar surgeries, most recent in December 2004. Status post spinal cord stimulator placement October 2012. 2. Multilevel lumbar discogenic pain. MRI of the lumbar spine August 2011 showed laminectomies at L4-L5 and L5-S1, bilateral foraminal stenoses at L4-L5 and L5-S1, no recurrent disk. 3. Depression secondary to chronic pain and disability. 4. Bilateral hip pain. X-ray of bilateral hip was negative. 5. Left knee pain. 6. Hypogonadism secondary to narcotic use. 7. Spinal cord stimulation October 2012. On 12/11/2014, Utilization Review non-certified Neurontin 800mg TID #180 Refill 0, Zanaflex 4mg QID #240 Refill 0, Klonopin 1mg QHS #60 Refill 0. According to the Utilization Review physician, in regards to Zanaflex, objective evidence of spasm was not noted on physical examination. Muscle relaxants are generally indicated for short-term treatment of acute pain exacerbations. It was also unclear

how long the injured worker had been maintained on Tizanidine. The functional benefit of the previous intake of Tizanidine was also not discussed in the submitted records. Regarding Neurontin, objective neurologic findings to support ongoing neuropathic pain that would justify use of the medication had not been clearly documented in the latest report provided for this review. In regards to Klonopin, clarification is needed regarding the specific indications for prescribing this medication and the duration of treatment to day. Practice guidelines do not recommend benzodiazepines for long term use because of their unproven long-term efficacy and their risk for dependence. The documentation of clinical benefit that the injured worker had from the previous use of Klonopin was not noted. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Muscle Relaxants, Anti-spasticity/Antispasmodic Drugs, and Anti-epilepsy Drugs. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg, #180 (3x a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (gabapentin) 800 mg three times per day #180 is not medically necessary. Neurontin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an AED (anti-epilepsy drug). In this case, the injured worker's working diagnoses are post laminectomy syndrome, s/p 3 lumbar surgeries (most recent 12/2004); s/p SCS placement 10/2012; multilevel lumbar discogenic pain; depression secondary to chronic pain and disability bilateral hip pain, x-ray of bilateral hip was (-); hypogonadism secondary to narcotic use; and SCS placed 10/2012. The medical record was 33-pages in its entirety. Subjectively, the injured worker has low back pain with symptoms radiating down both legs. Objectively, there is tenderness in the lower back to palpation. There is no neurologic examination. Neurontin 800mg was prescribed as far back as April 30, 2014. The documentation does not contain evidence of objective functional improvement with Neurontin's continued use. The documentation does not contain a clear clinical rationale for Neurontin's use. Consequently, absent clinical documentation to support the ongoing use of Neurontin in the absence of objective functional improvement, Neurontin 800 mg three times per day #180 is not medically necessary.

Klonopin 1mg, #60 (1 at bedtime): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Klonopin 1 mg one tablet HS #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit used to four weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker's working diagnoses are post laminectomy syndrome, s/p 3 lumbar surgeries (most recent 12/2004); s/p SCS placement 10/2012; multilevel lumbar discogenic pain; depression secondary to chronic pain and disability bilateral hip pain, x-ray of bilateral hip was (-); hypogonadism secondary to narcotic use; and SCS placed 10/2012. The medical record is 33 pages in its entirety. Subjectively, the injured worker has low back pain with symptoms radiating down both legs. Objectively there is tenderness in the lower back to palpation. There is no neurologic examination. The documentation indicates Klonopin 1 mg was prescribed as far back as April 30, 2014. The documentation does not contain evidence of objective functional improvement. Additionally, the guidelines do not recommend benzodiazepines for long-term use (longer than two weeks, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Klonopin has been prescribed the injured worker for approximately 11 months. This is in clear excess of the recommended guidelines. Consequently, absent clinical documentation to support the ongoing use of Klonopin in contravention of the recommended guidelines, Klonopin 1 mg tablet HS #60 is not medically necessary.

Zanaflex 4mg, #240 (4x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg one tablet four times a day #240 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain efficacy appears to diminish over time and prolonged use of these medications may lead to dependence. In this case, the injured worker's working diagnoses are post laminectomy syndrome, s/p 3 lumbar surgeries (most recent 12/2004); s/p SCS placement 10/2012; multilevel lumbar discogenic pain; depression secondary to chronic pain and disability bilateral hip pain, x-ray of bilateral hip was (-); hypogonadism secondary to narcotic use; and SCS placed 10/2012. The medical record is 33-pages in its entirety. Subjectively, the injured worker has low back pain with symptoms radiating down both legs. Objectively there is tenderness in the lower back to palpation. There is no neurologic examination. The

documentation the medical record does not contain evidence of objective functional improvement as it relates to Zanaflex 4mg. Muscle relaxants are indicated for short-term (less than two weeks) use. The injured worker has been taking Zanaflex as far back as April 30, 2014 (approximately 11 months ago). The treating physician has clearly exceeded the recommended guidelines for muscle relaxants. Consequently, absent clinical documentation to support the ongoing use of Zanaflex with objective functional improvement in contravention of the recommended guidelines, Zanaflex 4 mg one tablet four times a day #240 is not medically necessary.