MAXIMUS Federal Services

| Case Number: | CM15-0007098 | | |
|---|---|---|---|
| Date Assigned: | 01/26/2015 | Date of Injury: | 12/24/2003 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 year 53 old female with an industrial injury dated 03/03/2002 documented as cumulative trauma injuries resulting in low back pain. She presents on 12/17/2014 complaining with increased pain with heel strike when walking. Prior treatment includes two prior back surgeries, physical therapy and medications. Diagnosis was status post lumbar 3- sacral 1 anterior and posterior discectomy/fusion on 02/20/2014. On 01/06/2015, Utilization Review modified the request for Zanaflex 2 mg # 120 to Zanaflex 2 mg # 20. MTUS Guidelines were cited. Neurontin 600 mg # 120 was modified to Neurontin 600 mg # 60. MTUS Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

**Decision rationale:** According to the 12/17/2014 hand written report, this patient presents with pain at the bilateral lower extremity with numbness and tingling. The current request is for Zanaflex 4mg #120 and this medication is first noted in this report. The request for authorization is on 12/17/2014. The patients work status is Permanent and Stationary. The MTUS guidelines page 66, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use which is not supported by MTUS. Therefore, the request is not medically necessary.

**Neurontin 600mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic; Gabapentin Page(s): 18-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-Convulsants

**Decision rationale:** According to the 12/17/2014 hand written report, this patient presents with pain at the bilateral lower extremity with numbness and tingling. The current request is for Neurontin 600mg #120. This medication was first mentioned in the 05/09/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review of the provided reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician did not provide discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.