

Case Number:	CM15-0100772		
Date Assigned:	07/21/2015	Date of Injury:	10/24/2013
Decision Date:	08/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 64 year old, female who sustained a work related injury on 10/24/13. The diagnoses have included thoracolumbar strain/sprain, lumbar spondylolisthesis, mild facet osteoarthritis, degenerative joint disease left knee, left knee strain/sprain and severe knee osteoarthritis. Treatments have included oral medications and topical analgesic creams/gels. In the PR-2 dated 4/28/15, the injured worker complains of ongoing stress and anxiety due to pain. Orthopedic symptoms are unchanged. She states she wants to proceed with left total knee replacement which has been authorized. Left knee has slight, diffuse swelling. She has tenderness to patella and medial and lateral joint lines. She has tenderness to lumbar paraspinal muscles. She has tenderness to lumbar facet joints. She is not working. The treatment plan includes prescriptions for medications and a request for a home staircase lift.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs, Gabapentin, Neurontin Page(s): 16-22, 49, 67.

Decision rationale: Per CA MTUS guidelines, Neurontin (Gabapentin) "is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. (Chou, 2007)" It is recommended for use in clients with chronic neuropathic pain. She does not complain of any neuropathic pain symptoms. There are no neurodiagnostic studies included in the medical records that demonstrate neuropathy. There is insufficient documentation on pain levels and functional capabilities. She has taken this medication for a minimum of 6 months. Because she does not complain of neuropathic pain and pain levels have not decreased or functional abilities have improved, the requested treatment of Neurontin is not medically necessary.

Zanaflex 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-66, 111.

Decision rationale: Per CA MTUS guidelines, Zanaflex (Tizanidine) is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "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. Eight studies have demonstrated efficacy for low back pain." She has been on Zanaflex for a minimum of 6 months. The IW does not complain of muscle spasms. She has been on this medication for over 6 months and she does not complain of muscle spasms. The submitted request does not include dosing or frequency. The requested treatment of Zanaflex is not medically necessary.