

<b>Case Number:</b>	CM15-0107152		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/30/2002
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: 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:

The injured worker is a 47 year old female who sustained an industrial injury on 9/30/02. The mechanism of injury is unclear. She complains of intermittent back pain causing her to fall and headaches. On physical exam, there was diffuse lumbar spine tenderness, mild piriformis tenderness, and bilateral back pain with straight leg raise. Medications are Namenda, tizanidine, Lexapro, Treximet, Dilaudid. Urine toxicology screen dated 11/17/14 indicates Dilaudid indicated but not detected. Diagnoses include bilateral thoracic outlet syndrome, status post first rib resection/ scalenectomy; cervical dystonia/ myofascial pain; chronic pain syndrome; bilateral piriformis syndrome, secondary to spread of cervical myofascial pain syndrome to the pelvis; major depression; chronic daily headache syndrome; migraine variant with dizziness and vertigo. Treatments to date include permanent spinal cord stimulator placement; medications. In the progress note, dated 2/23/15 the treating provider's plan of care includes requests for Namanda 10 mg twice per day for headache prophylaxis; tizanidine 4 mg as needed four times per day for pain and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Namenda 10mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Memantine.

**Decision rationale:** Memantine is the first in a novel class of Alzheimer's disease medications acting on the glutamatergic system by blocking NMDA receptors. Memantine (Namenda) has been shown to have a modest effect in moderate-to-severe Alzheimer's disease and in dementia with Lewy bodies. Despite years of research, there is little evidence of effect on mild Alzheimer's disease. The medication has been used for the treatment of refractory migraines. In this case, there is no documentation of any functional improvement or decreased headache frequency. There is no specific indication for the continuation of Namenda therapy. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

**Tizanidine 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodic drugs.

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

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. The guideline criteria do not support the long-term use of muscle relaxants. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.