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| Case Number: | CM15-0132369 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 03/15/1995 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old female, who sustained an industrial injury on March 15, 1995, incurring neck, bilateral shoulders and upper extremity injuries. She was diagnosed with cervical disc disease, cervical radiating, and cervicobrachial syndrome and cervicogenic headaches. Treatment included anti-inflammatory drugs, pain medications, antidepressants, sleep aides, neuropathic medications, and work restrictions. Currently, the injured worker complained of chronic burning, shooting, throbbing and cramping pain to the neck and shoulders radiating into the upper extremities. The treatment plan that was requested for authorization included prescriptions for Zanaflex and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 10 with two refills: 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 (for pain) Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck pain with upper extremity radiating symptoms. When seen, there was decreased and painful cervical range of motion. Medications were refilled. A trial of Zanaflex had been started at the previous visit and a three month supply was prescribed. Neurontin was continued at a dose of 1200 mg per day. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and the quantity being prescribed is consistent with intended long term use. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Neurontin 300mg quantity 120 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck pain with upper extremity radiating symptoms. When seen, there was decreased and painful cervical range of motion. Medications were refilled. A trial of Zanaflex had been started at the previous visit and a three-month supply was prescribed. Neurontin was continued at a dose of 1200 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's Gabapentin dosing consistent with that recommendation and ongoing prescribing was medically necessary.