

<b>Case Number:</b>	CM15-0166487		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

The injured worker is a 68 year old female, who sustained an industrial injury on June 30, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder adhesive capsulitis, cervical and lumbar degenerative disc disease, and bilateral knee osteoarthritis. Treatment and diagnostic studies to date has included medication regimen, status post left knee surgery, and status post cervical four to five, cervical five to six, and cervical six to seven anterior cervical discectomy and fusion. In a progress note dated August 11, 2015 the treating physician reports complaints of sharp pain to the medial right knee and intermittent dull pain to the left shoulder. Examination reveals diffuse tenderness to the cervical and lumbar paraspinal muscles, decreased range of motion to the cervical and lumbar spine by 50%, decreased range of motion to the bilateral knees, crepitation with range of motion to the bilateral knees, and decreased range of motion to the left shoulder with pain. The injured worker's medication regimen included Robaxin, Norco, and Gabapentin. The injured worker's pain level to the right knee was rated a 7 out of 10 and the pain level to the left shoulder was rated a 3 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her current medication regimen and after use of her current medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medication of Gabapentin 600mg with a quantity of 90 noting current use of this medication. The treating physician also requested the medication of Zanaflex 2mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the requested medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The current request is for Zanaflex 2 mg #60. The RFA is dated 08/12/15. Treatment and diagnostic studies to date has included medication regimen, physical therapy, status post left knee surgery (2004), and status post cervical discectomy and fusion (01/05/12). The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" Antispasticity/Antispasmodic Drugs: 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. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Per report August 11, 2015 the patient reports sharp pain to the medial right knee and intermittent dull pain to the left shoulder. The patient's medication regimen include Robaxin, Norco, and Gabapentin. Examination revealed diffuse tenderness to the cervical and lumbar paraspinal muscles, decreased range of motion to the cervical and lumbar spine by 50%, decreased range of motion to the bilateral knees, crepitation with range of motion to the bilateral knees, and decreased range of motion to the left shoulder with pain. The treater recommended a refill of Norco and Gabapentin and a prescription for Zanaflex was provided. This appears to be an initial request for Zanaflex, as prior reports provided no discussion of this medication. This medication is approved for management of spasticity and myofascial pain and the unlabeled use for low back pain. Given the patient's diagnoses and complaints of pain, a trial of Zanaflex is reasonable and supported by MTUS. This request is medically necessary.

**Gabapentin 600 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The current request is for Gabapentin 600 mg #90. The RFA is dated 08/12/15. Treatment and diagnostic studies to date has included medication regimen, physical therapy, status post left knee surgery (2004), and status post cervical discectomy and fusion (01/05/12). The patient is not working. MTUS Chronic pain Guidelines, Gabapentin section, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per report August 11, 2015 the patient reports sharp pain to the medial right knee and intermittent dull pain

to the left shoulder. The patient's medication regimen include Robaxin, Norco, and Gabapentin. Examination revealed diffuse tenderness to the cervical and lumbar paraspinal muscles, decreased range of motion to the cervical and lumbar spine by 50%, decreased range of motion to the bilateral knees, crepitation with range of motion to the bilateral knees, and decreased range of motion to the left shoulder with pain. The treater recommended a refill of Norco and Gabapentin and a prescription for Zanaflex was provided. The patient has been prescribed Gabapentin since at least 02/12/15. In this case, further use of Gabapentin cannot be supported as the patient does not meet the indication for its use. There is no documentation of neuropathic pain; therefore, this request is not medically necessary.