

Case Number:	CM15-0184348		
Date Assigned:	09/24/2015	Date of Injury:	02/19/2004
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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 63 year old male, who sustained an industrial injury on 02-19-2004. He has reported injury to the neck, bilateral shoulders, left long finger, and low back. The diagnoses have included strain-sprain of the lumbar spine with disc bulging; strain-sprain of the cervical spine; status post bilateral carpal tunnel release; abdominal hernia; chronic strain-sprain bilateral shoulders; chronic impingement syndrome with rotator cuff tears, both shoulders; status post left shoulder subacromial decompression, distal clavicle resection, and mini-open rotator cuff repair; status post right shoulder arthroscopy, decompression, and mini-open rotator cuff repair; status post fracture of left long finger, status post open reduction internal fixation; and status post anterior-posterior lumbar fusion L4-S1. Treatment to date has included medications, diagnostics, bracing, home exercise program, and surgical intervention. Medications have included Norco, Neurontin, Zanaflex, Motrin, Anaprox, and Prilosec. A progress report from the treating physician, dated 07-15-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent neck, bilateral shoulders, and wrist pain; he has pain in the fingers of the left hand; persistent low back pain with right leg pain; he is currently utilizing Norco 1 tablet 3 to 8 times a day for pain, Zanaflex 1 tablet 2 to 4 times a day for muscle spasms, and Neurontin 1 to 2 tablets daily for nerve pain; he walks for exercise; he is noting function improvement and improvement in pain with his current medication regimen; he rates his pain at 2 to 3 out of 10 in intensity with the use of his medication; without pain medication, he rates his pain at 6 out of 10 in intensity; and he notes improvement with his activities of daily living as a result of his current medication usage. Objective findings included decreased grip strength

readings on the right and the left; tenderness to the mid and lower lumbar spine with spasm in the right paraspinal musculature; decreased lumbar ranges of motion with flexion, extension, and lateral bending; and he ambulates with an antalgic gait favoring the right leg and is using a single point cane. The treatment plan has included the retrospective request for Neurontin 300 mg tab #100; and Zanaflex 4mg tab #60. The original utilization review, dated 08-25-2015, non-certified the retrospective request for Neurontin 300 mg tab #100; and Zanaflex 4mg tab #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Neurontin 300 mg/tab #100: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with lower back pain that radiates into his right lower extremity and down to his right foot. The request is for Retrospective request for neurontin 300 mg/TAB #100. The request for authorization is dated 06/01/15. The patient is status post anterior/posterior lumbar fusion, 04/23/11. Physical examination reveals tenderness was noted over the surgical scar about his lower lumbar spine. Tenderness was noted over the bilateral lumbar paraspinal musculature with spasm. He walks for exercise. The patient rates his pain 2-3/10 with and 6/10 without pain medication. He notes improvement with activities of daily living, as well as increased ability to sit, stand, and walk as a result of his current medication usage. He denies any side effects from his medications. Patient's medications include Norco, Zanaflex, Neurontin, and Motrin. Per progress report dated 08/19/15, the patient to remain off work. MTUS, Anti-epilepsy drugs (AEDs) Section, pgs 18, 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per progress report dated 06/01/15, treater's reason for the request is "for nerve pain." Patient has been prescribed Neurontin since at least 02/09/15. The patient continues with lower back pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has discussed and documented pain relief and functional improvement with specific examples with use of Neurontin. Therefore, the request is medically necessary.

Zanaflex 4 mg/tab #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 patient presents with lower back pain that radiates into his right lower extremity and down to his right foot. The request is for Zanaflex 4 mg/TAB #60. The request for authorization is dated 08/19/15. The patient is status post anterior/posterior lumbar fusion, 04/23/11. Physical examination reveals tenderness was noted over the surgical scar about his lower lumbar spine. Tenderness was noted over the bilateral lumbar paraspinal musculature with spasm. He walks for exercise. The patient rates his pain 2-3/10 with and 6/10 without pain medication. He notes improvement with activities of daily living, as well as increased ability to sit, stand, and walk as a result of his current medication usage. He denies any side effects from his medications. Patient's medications include Norco, Zanaflex, Neurontin, and Motrin. Per progress report dated 08/19/15, the patient to remain off work. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Anti-spasticity/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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/19/15, treater's reason for the request is "for muscle spasm." The patient is prescribed Zanaflex since at least 09/12/14. In this case, the patient is diagnosed with myofascial pain for which Zanaflex is indicated per MTUS. Treater has discussed and documented pain relief and functional improvement with specific examples with use of Zanaflex. Therefore, the request is medically necessary.