

<b>Case Number:</b>	CM15-0185758		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/06/1999
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 58 year old male who sustained an industrial injury on 5-6-1999. A review of medical records indicated the injured worker is being treated for chronic low back pain, chronic lumbar radiculitis, and history of traumatic L5-S1 spondylolisthesis. Medical record dated 7-6-2015 noted pain in the low back and lower limbs. Pain was rated a 7 out 10 and average pain was rated an 8 out 10. Medical record dated 4-13-2015 noted pain a 7 out of 10 and on average a 6 out 10. Physical examination dated 7-6-2015 noted he walks without assistance. Gait was normal Strength for hip flexion, knee extension, ankle dorsiflexion and plantar flexion was normal. Reflexes to the knees and ankles were normal. It was noted he received 30-40% relief of pain in his tolerance for daily activities. Treatment has included morphine sulfate ER, gabapentin (since at least 4-13-2015), Naproxen, and Tizanidine (since at least 4-13-2015). RFA dated 7-6-2015 requested Gabapentin and Tizanidine. Utilization review form dated 8-21-2015 non-certified Gabapentin 300mg #60 and Tizanidine 2mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, #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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation BMJ. 2015 Apr 16; 350: h1748. DOI: 10.1136/bmj.h1748. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009; 22(1):17-20. DOI: 10.3233/BMR-2009- 0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does radiculopathy approved for Gabapentin use. According to the referenced literature, Gabapentin provides better relief than invasive procedures and improves quality of life. Gabapentin is medically necessary.

**Tizanidine 2mg, #30:** 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): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS guidelines, Tizanidine 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine for several months in combination with NSAIDs and opioids. Continued and chronic use of muscle relaxants / antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.