

<b>Case Number:</b>	CM15-0191042		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 52 year old male with an industrial injury date of 05-12-2007 (cumulative trauma 08-01-2012-08-01-2013). Medical record review indicates she is being treated for cervical-trapezial musculoligamentous sprain-strain with bilateral upper extremity radiculitis, lumbar musculoligamentous sprain-strain with bilateral lower extremity radiculitis, bilateral shoulder sprain-strain with impingement syndrome, left rotator cuff tendonitis, bilateral wrist sprain-strain and bilateral knee sprain-strain and patellofemoral arthralgia. Subjective complaints (08-10-2015) included neck pain with bilateral upper extremity radiculitis, low back pain with bilateral lower extremity radiculitis, and left shoulder pain. Activities of daily living and functional benefits of medication are documented as better able to do housework, cooking, laundry, bathing, dressing and improved participation in home exercise program. Medical records reviewed do not indicate a numeric pain rating or a description of the pain with and without the medications. His medications included Ultram, Zanaflex (at least since 01-29-2015) and Neurontin (at least since 01-29-2015). Prior medications included Vicodin and Motrin. Prior treatments included physical therapy ("unknown amount"), chiropractic treatment, acupuncture and medications. Objective findings (08-10-2015) are documented as tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, anterior capsule and trapezius muscles of bilateral shoulders. Impingement test was positive bilaterally. There was tenderness to bilateral wrists. Examination of the bilateral knees revealed tenderness to palpation over the medial joint line and patellar region. Cervical spine exam noted tenderness to palpation with muscle guarding over the paraspinal musculature and trapezius muscles, bilaterally. Lumbar

spine exam noted tenderness to palpation with muscle guarding present over the paravertebral musculature. On 09-08-2015 the request for the following treatments was denied by utilization review: 1 prescription of Zanaflex 2 mg #120 and 1 prescription of Neurontin 300 mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Zanaflex 2mg #120: 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:** MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The 1 prescription of Zanaflex 2mg #120 is not medically necessary and appropriate.

#### **1 prescription of Neurontin 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 rationale:** Although Neurontin (Gabapentin) 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. Submitted reports have adequately demonstrated the specific symptom relief and functional benefit from treatment rendered for this injury. Medical reports have demonstrated specific neuropathic pain with functional improvement from treatment as the patient continues to have improvement with ADLs. Previous treatment with Neurontin has resulted in benefit and medical necessity has been established. Further consideration requires continued assessment of continued functional benefit. The 1 prescription of Neurontin 300mg #60 is medically necessary and appropriate.