

<b>Case Number:</b>	CM15-0200486		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 43 year old female, who sustained an industrial injury on 5-22-2013. The injured worker is undergoing treatment for: lumbar disc herniation's with symptoms of radiculitis-radiculopathy of the bilateral lower extremities, cervical spine multi-level disc herniation's and degenerative disc disease. On 9-2-15, she reported sharp, dull, burning, stabbing, aching neck pain with associated numbness and tingling radiating into the bilateral upper extremities with the left being greater than the right. She rated her pain 10 out of 10, indicating it had been increasing recently. She also reported headaches with blurry vision, bilateral shoulder pain rated 10 out of 10, bilateral hand pain rated 10 out of 10, bilateral hip and thigh pain rated 10 out of 10, and low back pain rated 10 out of 10.. She is noted to have muscle spasms and limited range of motion to the lumbar spine. Objective findings revealed guarding with deep palpation of the lumbar paraspinals muscles, reproducible pain in the bilateral legs at L3, L4, L5 dermatomes, multiple cervical disc herniation's, weakness, tingling and numbness in bilateral legs, guarding with deep palpation of the cervical paraspinals muscles. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (date unclear), medications, home exercise program, multiple physical therapy sessions and acupuncture treatments, and cortisone injection (date unclear). Medications have included: Lyrica, Cymbalta, Meloxicam, Topiramate, Sumatrix, Amitriptyline, topical patches and creams. Current work status: unclear. The request for authorization is for: Gabapentin-Acetaminophen 100-325mg capsules quantity 60, and Tizanidine-Glucosamine sulfate 4-250mg capsules quantity 30. The UR dated 9-15-2015: non-certified the request for Gabapentin-Acetaminophen

100-325mg capsules quantity 60, and Tizanidine-Glucosamine sulfate 4-250mg capsules quantity 30.

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

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

#### **Gabapentin/Acetaminophen 100/325 mg capsules #60: 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:** Per the guidelines, 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The request for gabapentin/Acetaminophen is not medically necessary.

#### **Tizanidine/Glucosamine sulfate 4 mg/250 mg capsules #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): Glucosamine (and Chondroitin Sulfate), Muscle relaxants (for pain).

**Decision rationale:** Glucosamine is used in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In this injured worker, the complaint is for back pain and not knee osteoarthritis. The records do not substantiate the medical necessity of glucosamine. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The request for tizanidine is not medically necessary.