MAXIMUS Federal Services

Case Number:	CM15-0207152		
Date Assigned:	10/23/2015	Date of Injury:	09/20/2009
Decision Date:	12/07/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 50-year-old female, with a reported date of injury of 09-20-2009. The diagnoses include lumbar radiculopathy, status post lumbar spine fusion, left knee pain, myositis and myalgia, occipital neuralgia, occipital headaches, and depression. The pain medicine re-evaluation report dated 09-16-2015 indicates that the injured worker complained of neck pain, with radiation down the bilateral upper extremities; low back pain, with radiation down the bilateral lower extremities; bilateral shoulder pain; bilateral feet and toe pain; occipital headaches; and ongoing coccyx pain and severe lower extremity pins and needles pain. The pain was rated 7-8 out of 10 (08-19-2015 and 09-16-2015) with medications since the last visit and 9-10 out of 10 (08-19-2015) and 10 out of 10 (09-16-2015) without medications since the last visit. The injured worker reported ongoing activity of daily living limitations. The physical examination showed cervical spine trigger points with twitch response in the trapezius muscles bilaterally; occipital tenderness upon palpation bilaterally; moderate to severe limitation of the cervical range of motion due to pain; increased pain with flexion and rotation of the cervical spine; spasm in the lumbar paraspinous musculature; tenderness to palpation in the bilateral paravertebral area and in the right buttock; decreased sensitivity to touch along the L4-S1 dermatome in the right lower extremity; decreased strength of the extensor muscle and in the flexor muscles in the right lower extremity; decreased Achilles reflexes; positive bilateral straight leg raise; an absent bilateral foot drop; tenderness to palpation of the bilateral thumbs associated with hand swelling and stiffness. The injured worker's work status was determined by her primary treating physician and is not currently working. The diagnostic studies to date have

included a CT lumbar myelogram on 11-05-2014 which showed L4-5 severe facet arthrosis and mild lateral recess, central canal recess, and foramina stenosis. Treatments and evaluation to date have included Butrans patch, Capsaicin cream, Nucynta, Tramadol, Lidocaine patch, lumbar anterior interbody fusion and posterior spinal fusion revision on 06-01-2015, Tizanidine (since at least 06-2015), Percocet, Soma, Morphine, Trazodone, Voltaren gel, Opana, and Neurontin (since at least 08-2015). The treating physician requested Tizanidine 4mg #90 and Neurontin 600mg #60. On 10-01-2015, Utilization Review (UR) non-certified the request for Tizanidine 4mg #90 and Neurontin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Weaning of Medications.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, the patient does not have a diagnosis of spasticity, myofascial pain or fibromyalgia based on the review of medical records from 9/16/15. Thus, the recommendation is for non-certification.

Neurontin 600mg #60: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note

from 9/16/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore, medical necessity has not been established, and determination is for non-certification. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.