

<b>Case Number:</b>	CM15-0020518		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/12/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 Jersey, New York  
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 45 year old male, who sustained an industrial injury on 06/12/2006. On provider visit dated 01/14/2015 the injured worker has reported injury to lower back. He was noted to have antalgic gait with the use of a cane, lumbosacral spine with tenderness on palpation of paraspinals with paralumbar muscle spasms. The diagnoses have included lumbago, joint derangement nec-ankle status post-surgery, lumbar disc displacement, lumbosacral neuritis NOS -left and post laminectomy syndrome - lumbar. Treatment to date has included surgery and medications. Treatment plan included medications. On 01/27/2015 Utilization Review non-certified 30 Tabs of Gabapentin 300 MG with 2 Refills, 30 Tabs of Tizanidine 4 MG with 3 Refills, 120 Tabs of Norco 10-325 MG with 1 Refill. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tabs of Gabapentin 300 MG with 2 Refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

**Decision rationale:** The request is medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient has been diagnosed with lumbago, joint derangement nec-ankle status post-surgery, lumbar disc displacement, lumbosacral neuritis NOS -left and post laminectomy syndrome - lumbar. The patient has exam findings and imaging findings that would support the diagnosis. It is reasonable to continue treatment with Gabapentin at this time.

**30 Tabs of Tizanidine 4 MG with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. It is unclear how long the patient has been on Tizanidine but long-term use is not recommended. Therefore, the request is considered not medically necessary.

**120 Tabs of Norco 10-325 MG with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.