

Case Number:	CM15-0218821		
Date Assigned:	11/10/2015	Date of Injury:	10/10/2002
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 53-year-old female with a date of injury on 10-10-2002. The injured worker is undergoing treatment for status post discectomy and fusion L5-S1 in 2004, chronic low back pain, and chronic myofascial back pain. She has had a myocardial infarction with complications of deep vein thrombosis, and vascular surgery. A physician note dated 08-06-2015 documents she is complaining on low back pain with radicular symptoms. She rates her pain as 8-10 without medications and 6 out of 10 with meds. She would like another epidural injection. Her last one was in November of 2014 and it is gradually wearing off. It gave her 50% of relief until now. She continues to have tenderness to palpation of the lumbar spine paraspinal muscle with positive straight leg raise on the left with radiating symptoms in the buttock and posterior thigh. A physician progress note dated 10-01-2015 documents the injured worker is complaining of increased low back pain since her injection last week. She has left lower extremity pain that has just started to subside. She rated her pain as 3-4 out of 10 with medications and 9 out of 10 without medications. Over the last 6 weeks she has not been able to exercise consistently and has been experiencing increased pain. She used to be able to do the treadmill for 1 mile and walk her dog. She can do self-care and do grocery shopping and laundry. She is getting 7-8 hours of sleep. She can heel-toe walk. She received an epidural injection on 09-15-2015. Treatment to date has included medications, diagnostic studies, home exercises, and lumbar epidural injections. Current medications include Norco, Zanaflex (since at least 04-06-2015), Neurontin (since at least 04-06-2015), Lisinopril, Vytarin, ASA, Coreg, Lasix, Plavix, Alprazolam and Spironolactone. On 10-20-2015 Utilization Review non-certified the request for Neurontin 300mg #30 and Zanaflex 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post discectomy and fusion L5-S1 in 2004, chronic low back pain, and chronic myofascial back pain. She has had a myocardial infarction with complications of deep vein thrombosis, and vascular surgery. Date of injury is October 10, 2002. Request for authorization is October 9, 2015. According to progress note, dated April 6, 2015, subjective complaints included low back pain. Medications included Norco, Zanaflex 4 mg PO Q ID and Neurontin 300 mg b.i.d. According to the most recent progress note, dated October 1, 2015, subjective complaints include increased pain since the last injection one week ago to the low back. Left lower extremity pain has improved. Pain score is 4/10. Objectively, there is no evidence of infection for swelling in the lumbar spine. There is no musculoskeletal lumbar spine examination. There is no neurologic evaluation of the back and lower its remedies. Medications include Zanaflex 4 mg PO Q ID and Neurontin 300 mg PO HS. There is no documentation of muscle spasm in the medical record. Zanaflex is recommended for short-term (less than two weeks). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of muscle spasm in the medical record and treatment continued well in excess of the recommended guidelines for short-term use, Zanaflex 4 mg #120 is not medically necessary.

Neurontin 300mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs), Neurontin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg #30 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are status post discectomy and fusion L5-S1 in 2004, chronic low back pain, and chronic myofascial back pain. She has had a myocardial infarction with complications of deep vein thrombosis, and vascular surgery. Date of injury is October 10, 2002. Request for authorization is October 9, 2015. According to progress note, dated April 6, 2015, subjective complaints included low back pain. Medications included Norco, Zanaflex 4 mg PO Q ID and Neurontin 300 mg b.i.d. According to the most recent progress note dated October 1, 2015, subjective complaints include increased pain since the last injection one week ago to the low back. Left lower extremity pain has improved. Pain score is 4/10. Objectively, there is no evidence of infection for swelling in the lumbar spine. There is no musculoskeletal lumbar spine examination. There is no neurologic evaluation of the back and lower its remedies. Medications include Zanaflex 4 mg PO Q ID and Neurontin 300 mg PO HS. There is no subjective documentation or objective clinical findings compatible with neuropathic pain. There is no clinical indication or rationale for Neurontin. There is no documentation demonstrating objective functional improvement to support ongoing Neurontin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a physical examination or evidence of neuropathic pain, and no documentation demonstrating objective functional improvement, Neurontin (Gabapentin) 300 mg #30 is not medically necessary.