

Case Number:	CM15-0219322		
Date Assigned:	11/12/2015	Date of Injury:	10/07/2012
Decision Date:	12/23/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/07/2015

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: Preventive Medicine, Occupational 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 36 year old female, who sustained an industrial injury on October 07, 2012. The injured worker was diagnosed as having other intervertebral disc degeneration of the lumbar spine, other intervertebral disc displacement of the lumbar region, and lumbar radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, use of a single point cane, use of a wheelchair, electromyogram, and medication regimen. In a progress note dated October 12, 2015 the treating physician reports complaints of an increase in spasms to the lumbar spine and an increase in swelling to the lower extremities. Examination performed on October 12, 2015 was revealing for decreased range of motion to the lumbar spine, tenderness at the lumbar four and five spinous processes, tenderness to the lumbar paraspinal muscles, and a "severely" antalgic gait. The injured worker's medication regimen on October 12, 2015 included Zanaflex and Nortriptyline HCl with an unknown start date. The progress note from October 12, 2015 did not include the injured worker's numeric pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to determine the effects of the injured worker's medication regimen, but noted the pain level to be "significantly elevated". The progress note from October 12, 2015 also did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from September 14, 2015 noted the injured worker's pain level to be 10 out of 10, but did not include the injured worker's current medication regimen or the injured worker's pain level prior to use of her medication regimen and after use of her medication regimen to determine the effects of the injured worker's medication regimen. On

October 12, 2015 the treating physician requested Zanaflex 4mg with a quantity of 30 and Nortriptyline HCL 25mg with a quantity of 30 noting current use of these medications as noted above along with the request for Gabapentin 600mg with a quantity of 60, but did not indicate the specific reason for the requested medication. On November 02, 2015 the Utilization Review determined the requests for Gabapentin 600mg with a quantity of 60 and Nortriptyline HCL 25mg with a quantity of 30 to be modified along with the requested for Zanaflex 4mg with a quantity of 30 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. The request for Gabapentin 600 MG #60 is determined to not be medically necessary.

Zanaflex 4 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term

treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no indication that the injured worker is suffering from spasticity. Additionally, this medication is not supported for long term use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 4 MG #30 is determined to not be medically necessary.

Nortriptyline HCL 25 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Antidepressant for chronic pain is recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Tricyclics such as Nortriptyline are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, there is a lack of quantifiable pain relief or functional improvement with the prior use of this medication. The request for Nortriptyline HCL 25 MG #30 is determined to not be medically necessary.