

<b>Case Number:</b>	CM15-0221834		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Pennsylvania  
 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 46 year old male who sustained an industrial injury on 04-09-2002. Medical records indicated the worker was treated for low back and neck pain with primary diagnosis of radiculopathy, thoracolumbar region, radiculopathy cervical region, radiculopathy lumbar region, and radiculopathy of the lumbosacral region. In the provider notes of 10-06-2015, he is noted to be status post cervical and lumbar spine fusions with retained hardware. His primary complaint is chronic pain in the cervical and lumbar spine. On exam, he has spasm and tenderness over the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. Dyesthesia is noted in the C7, L5 and S1 dermatomal distributions bilaterally. He is being treated with a pain management specialist. A request for authorization was submitted for: 1. Neurontin 300mg #180, 2. Fioricet #30, 3. Zanaflex 4mg #60. A utilization review decision 10-19-2015 modified the: Neurontin 300mg #180 to approve Neurontin 300 mg #45 between 10-06-2015 and 12-14-2015; and non certified: Fioricet #30, Zanaflex 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #180:** 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:** According to the MTUS, antiepileptic drugs are recommended for neuropathic pain but most randomized controlled trials have been directed at postherpetic neuralgia and painful polyneuropathy. Few RCT's have been directed at central pain and none for painful radiculopathy. According to the MTUS, "there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." Gabapentin (Neurontin), has shown benefit in lumbar spinal stenosis in a pilot study. "After initiation of therapy there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." In this particular case, the worker has been receiving Neurontin for over a year but there has been no documentation of pain reduction specifically in response to Neurontin or specific functional improvement to justify the continued use of Neurontin. The request is not medically necessary.

**Fioricet #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** In regards to barbiturate-containing analgesics, the MTUS states: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache." This worker has been receiving Fioricet for chronic headaches for over a year. The continued long term use of this particular medication is not appropriate. The request is not medically necessary.

**Zanaflex 4mg #60:** 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 rationale:** Zanaflex is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement and there is no additional benefit shown in combination with NSAIDs. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and is used off label for low back pain. In this case, the long term use of a muscle relaxant is not appropriate. It appears that this worker has been using Zanaflex for over a year. There is no indication that the medication is being used for an acute exacerbation of low back pain nor is any other rationale provided for the long term use of this medication. The request is not medically necessary.