MAXIMUS Federal Services

Case Number:	CM15-0223022		
Date Assigned:	11/19/2015	Date of Injury:	06/18/2008
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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: Florida 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 55-year-old male with a date of injury on 06-18-2008. The injured worker is undergoing treatment for brachial neuritis and radiculitis. A physician progress note dated 09-03-2015 documents the injured worker complains of neck pain and right upper extremity pain that he rates as 5 out of 10 with his medications, and 6 out of 10 without his medications. His quality of sleep remains poor. He has no new problems. He takes part in limited social activities. Cervical range of motion is restricted and painful. There is Tinel's over the right occipital groove. On sensory examination, light touch sensation is decreased over the medial hand and medial forearm on the right side. Motor exam is limited by pain. Current medications have allowed him to live independently, care of self and ADLs. A physician progress note dated 10-01-2015 documents the injured worker rates his pain with medications as a 5 on a scale of 1 to 10 and without meds his pain is rated 7 out of 10. His quality of sleep is poor. He is not working. Treatment to date has included diagnostic studies, medications, and epidural steroid injections. Current medications include Maxalt, Ambien, Percocet, Celebrex, Neurontin (since at least 04-02-2015), Zanaflex (since at least 04-02-2015), OxyContin and Lidoderm patches. The Request for Authorization dated 10-09-2015 includes Neurontin 300 mg #270 with 3 refills and Zanaflex 4 mg #30 with 3 refills. On 10-16-2015 Utilization Review non-certified the request for Neurontin 300 mg #270 with 3 refills and modified the request for Zanaflex 4 mg #30 with 3 refills to Zanaflex 4mg #15 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #270 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: MTUS guidelines state regarding Gabapentin, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." Regarding this patient's case, there is no objective evidence of functional improvement and continued pain relief with this medication. There is also a lack of specific documentation regarding a Neuropathy diagnosis. Likewise, this request is not considered medically necessary.

Zanaflex 4 mg #30 with 3 refills: 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: In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Zanaflex is not medically necessary.