

Case Number:	CM15-0223340		
Date Assigned:	11/19/2015	Date of Injury:	03/24/2011
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, who sustained an industrial injury on 3-24-11. The injured worker has complaints of low back pain that is traveling to his lower extremities, which he describes as aching pain over his spine and difficulty falling asleep due to pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included status post anterior retroperitoneal spine exposure L3-4, L4-5, L5-S1 (sacroiliac) anterior lumbar interbody fusion on 4-28-15 and medications. The injured worker has been on tizanidine and gabapentin since at least 5-8-15. The original utilization review (10-29-15) non-certified the request for tizanidine 4mg #120 with 3 refills and gabapentin 600mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120 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: The claimant sustained a work injury in March 2011 when, while working as a home care provider, he was transferring a patient from a wheelchair and felt a pop in his back with pain into his leg. In April 2015, he underwent a multilevel lumbar spine decompression and anterior and posterior instrumented fusion. In August 2015 he was having constant low back pain traveling to the lower extremities rated at 7/10. He was having lower extremity numbness and tingling. He was having episodes where his right leg was giving out on him. He was having difficulty sleeping due to pain and had symptoms of depression and anxiety. Medications included gabapentin 300 mg, tizanidine, and tramadol and OxyContin were being prescribed. His gabapentin dose was increased to 600 mg three times per day and tizanidine was continued. Norco was prescribed. When seen in October 2015 his pain complaints were unchanged. He was having ongoing difficulty sleeping. Physical examination findings included positive straight leg raising bilaterally. There was decreased lower extremity strength. He had multilevel moderate paraspinous muscle tenderness with guarding and spasms. There was decreased and painful lumbar spine range of motion. Authorization for further evaluation and physical therapy was requested. Tizanidine and gabapentin were continued at the same doses. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. It appears to be ineffective in controlling the claimant's muscle spasms and he does not have spasticity due to an upper motor neuron condition. Ongoing prescribing for at least another 4 months is planned which is not medically necessary.

Gabapentin 600mg #90 with 3 refills: 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: The claimant sustained a work injury in March 2011 when, while working as a home care provider, he was transferring a patient from a wheelchair and felt a pop in his back with pain into his leg. In April 2015, he underwent a multilevel lumbar spine decompression and anterior and posterior instrumented fusion. In August 2015 he was having constant low back pain traveling to the lower extremities rated at 7/10. He was having lower extremity numbness and tingling. He was having episodes where his right leg was giving out on him. He was having difficulty sleeping due to pain and had symptoms of depression and anxiety. Medications included gabapentin 300 mg, tizanidine, and tramadol and OxyContin were being prescribed. His gabapentin dose was increased to 600 mg three times per day and tizanidine was continued. Norco was prescribed. When seen in October 2015 his pain complaints were unchanged. He was having ongoing difficulty sleeping. Physical examination findings included positive straight leg raising bilaterally. There was decreased lower extremity strength. He had multilevel moderate paraspinous muscle tenderness with guarding and spasms. There was decreased and painful lumbar spine range of motion. Authorization for further

evaluation and physical therapy was requested. Tizanidine and gabapentin were continued at the same doses. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no further titration was being planned with a 4 month supply at the current dose being requested. Ongoing prescribing at this dose is not medically necessary.