MAXIMUS Federal Services

Case Number:	CM14-0161221		
Date Assigned:	10/06/2014	Date of Injury:	07/19/2006
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who reported an injury on 07/19/2006. The mechanism of injury was not provided. The injured worker's medications included Zanaflex, Norco, Neurontin, and Xanax, as well as Prilosec, Lidoderm patches, and Voltaren gel in 2009. Prior therapies included physical therapy, yoga, home exercise program, medial branch facet injections, epidural steroid injections, aquatic therapy, and medications. The diagnostic studies included an MRI of the lumbar spine, x-rays of the lumbar spine, and x-rays of the cervical spine. The documentation of 08/01/2014 revealed the injured worker's current medications included gabapentin, Norco, Zanaflex, temazepam, and Xanax as needed. The injured worker was in the office for chronic low back pain. The injured worker was noted to have burning pain radiating down the right leg. Without medications, the injured worker indicated the pain level was 7/10 to 8/10. However, it was documented the current medications provided 10% to 20% pain relief. The injured worker had a bilateral L4-5 and L5-S1 transforaminal epidural steroid injection on 04/09/2013, which provided 50% to 70% relief lasting for 3 to 4 months. The injured worker had a decrease in medications during that time and improved function. The medications were noted to be beneficial, with no side effects. The injured worker needed refills. The injured worker indicated she had benefit from the chronic pain medication maintenance regimen, activity restriction, and rest to keep pain at a manageable level to allow her to complete the necessary activities of daily living. The objective findings revealed the injured worker had severe tenderness to palpation at the L4 to S1 region. Extension was severely restricted to 75 degrees. The injured worker had a positive straight leg raise. The injured worker had tenderness in the knee. The diagnoses included lumbar degenerative disc disease, lumbar radiculitis, lumbar facet osteoarthritis, myofascial pain syndrome, and knee pain. The treatment plan included a continuation of the medications and rest to keep pain at a manageable level, and to allow the

injured worker to complete necessary activities of daily living. Additional treatment included a right L4-5 and L5-S1 transforaminal epidural steroid injection. There was no Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2009. There was a lack of documentation objective functional benefit and documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Xanax is not medically necessary.

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. There use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2009. There is a lack of documentation of objective functional benefit and documentation of exceptional factors to warrant non adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Zanaflex is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-epilepsy drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% with objective functional improvement. The clinical documentation submitted for review indicated the current medication regimen reduced the injured worker's pain by 10% to 20%. There was a lack of documentation of an objective decrease of at least 30% to 50% and objective functional improvement. The duration of use was since 2009. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 300mg #60 is not medically necessary.