

Case Number:	CM14-0207156		
Date Assigned:	12/22/2014	Date of Injury:	06/05/2013
Decision Date:	02/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/10/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 51-year-old male who reported an injury while digging a trench on 06/05/2013. On 12/23/2014, his diagnoses included mechanical low back pain, degenerative joint disease of the lumbar spine, and radiculopathy of the left L5 nerve root. His complaints included pain in the mid to upper lumbar region. He stated that the pain was intermittent, occurred daily, and was rated at 6-7/10 without medications and 0-2/10 with medications. Upon examination, he had tenderness to palpation in the lumbar region with decreased sensation to touch bilaterally. His medications included Butrans patch 15 mcg, Zanaflex 2 mg, Mobic 15 mg, and Gralise 600 mg. A Request for Authorization dated 12/29/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90 PO QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, and Anti-epilepsy drugs (AEDs) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Antiepilepsy drugs (AEDs) Page(s): 16-22,49.

Decision rationale: The request for Gralise 600mg #90 po qhs is not medically necessary. The California MTUS Guidelines recommend antiepilepsy medications for neuropathic pain. Most randomized controlled trials for the use of this class of medications have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain, and none for painful radiculopathy. Gralise is an antiepilepsy medication 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. It has also been recommended for complex regional pain syndrome. During treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with its use. There was no indication in the submitted documentation that this injured worker had postherpetic neuralgia, diabetic painful neuropathy, or complex regional pain syndrome. There was no documentation of the efficacy of this medication or any side effects. Additionally, the frequency and quantity of medication in the request are inconsistent. Given the above, the request for Gralise 600mg #90 po qhs is not medically necessary.

Zanaflex 2mg #90 1 PO TID: 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): 63-66.

Decision rationale: The request for Zanaflex 2mg #90 1 po tid is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs, and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. Zanaflex is FDA approved for the management of spasticity and unlabeled use for low back pain. It is also recommended as a first line option to treat myofascial pain. It was noted that this injured worker has been using Zanaflex since 10/30/2014, which exceeds the recommendations in the guidelines. Additionally, the documentation does not identify spasticity, and there is no documentation of significant functional/vocational benefit with the use of this medication. The guideline criteria have not been met. Given the above, the request for Zanaflex 2mg #90 1 po tid is not medically necessary.