

<b>Case Number:</b>	CM14-0210542		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: California, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 53-year-old female with a date of injury of 06/03/2005. The patient's diagnoses include L4-S1 disc degeneration and stenosis, lower extremity radiculopathy, C6-7 disc displacement and pseudoarthritis, and bilateral sacroiliac joint dysfunction. According to the medical documentation this patient has continued neck and bilateral shoulder pain/radiation and low back pain with radiation to bilateral lower extremities. The pain is rated as a 7 to 10 on the Visual Analog Scale. The medical documentation states this patient is status post a C6-7 ACDF and C6-7 PSIF. According to the medical documentation on 09/26/2013 the patient has been taking Percocet and Neurontin for radicular complaints. The Zanaflex "helps with spasms starting at the low back region as well as her neck."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 63, 66, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle Relaxants (for pain) Tizanidine

**Decision rationale:** This is a review for the requested Zanaflex, also known as Tizanidine 4 mg, sixty count. Tizanidine is a muscle relaxant. It is an alpha-2 agonist, which is centrally acting and FDA approved for the management of spasticity with unlabeled use for low back pain. In general, according to the MTUS Guidelines and the Official Disability Guidelines non-sedating muscle relaxants are recommended as a second line option for short-term treatment of acute exacerbations of low back pain. There is evidence of several years of utilization of Zanaflex. There is mention of some spasms in the discussion section of a medical document from 2013. There is no documented evidence of complaints of muscle spasm or physical examination findings consistent with muscle spasm. In addition the side effects of Tizanidine include somnolence, dizziness and hepatotoxicity. There is a recommendation/warning that LFT's should be monitored at baseline and at 1, 3 and 6 months. There is no documentation to support the monitoring of LFT's in this patient, while taking Tizanidine. For these reasons, the above listed issue is considered not medically necessary.

**Neurontin 600 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21, 49, 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Gabapentin

**Decision rationale:** This is a review for the requested Neurontin, also known as Gabapentin, 600 mg, ninety count. Gabapentin is recommended for chronic neuropathic pain. However, there is no documented evidence of neuropathic pain in this patient. According to MTUS Guidelines, Anti-Epilepsy Drugs (AEDs) such as Gabapentin are recommended for neuropathic pain with a "lack of treatment consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms." In addition, MTUS Guidelines state "There are few RTC's directed at central pain and none for painful radiculopathy." Therefore, the above listed issue is considered not medically necessary.

**Percocet 10/325 mg, 180 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This is a request for prescription Percocet 10/325 mg, 180 count. Percocet is an Oxycodone and Acetaminophen combination drug. According to the MTUS guidelines short-

acting opioids, such as Percocet, are an effective method of pain control for chronic pain. However, failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of easement and consideration of alternative therapy. In addition, on-going management MTUS guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. According to the patient's medical record there is no documented overall improvement in function or return to work. Therefore, the above listed issue is considered not medically necessary.