

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0124517 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 11/27/2013 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: New York

Certification(s)/Specialty: Emergency Medicine

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 53 year old male, who sustained an industrial injury on 11/27/2013. He has reported subsequent neck, left upper extremity and shoulder pain and was diagnosed with left shoulder pain and degeneration of cervical intervertebral disc. MRI of the cervical spine dated 03/24/2015 showed broad central/left posterolateral 2 mm disc protrusion of C6-C7 with foraminal stenosis, marked left and mild right uncinated hypertrophy and foraminal narrowing at C5-C6, broad 1 mm disc protrusion at C4-C5 and central 1 mm disc protrusion at C3-C4. Treatment to date has included medication, physical therapy, chiropractic therapy, epidural steroid injections and a home exercise program. Documentation shows that Gabapentin was started on 03/05/2015 for neuropathic pain. Baclofen was started on 03/27/2015. The most recent progress notes show the presence of 6-8/10 left sided neck pain radiating to the left arm with weakness, numbness and tingling of the left upper extremity and spasms and stiffness of the neck. A 05/08/2015 progress note indicated that the injured worker was no longer using Gabapentin for neuropathic pain due to lack of significant pain modification. In a progress note dated 06/12/2015, the injured worker complained of continued left sided neck pain radiating to the left arm with weakness, numbness and tingling of the left upper extremity and spasms and stiffness of the neck. Pain was rated as 8/10. Objective findings were notable for shoulder elevated on the left side, tenderness to palpation over the midline of the cervical spine and sitting in a guarded position with left arm bent at the elbow and head tilted to the left. The physician noted that Baclofen was being discontinued and a new prescription for Tizanidine was written

for muscle spasm. A request for authorization of Gabapentin 300 mg #90 and Tizanidine 4 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: According to the CA MTUS (2009) guidelines, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain and treatment of painful diabetic neuropathy and post-herpetic neuralgia. A good response to an anti-epileptic drug was noted as a 50% reduction in pain and a moderate response as a 30% reduction in pain. The documentation submitted shows that the injured worker was prescribed Gabapentin since 03/05/2015 for treatment of neuropathic pain. The documentation submitted shows no improvement in pain or function with use of this medication. Visual analog scores remained severe at 6-8/10 with no evidence of significant pain relief despite use of the medication. The 05/08/2015 progress note notes that the injured worker was no longer using Gabapentin for neuropathic pain due to lack of significant pain modification. In addition, there was no documentation of objective functional improvement as evidenced by no documentation of a change in work status or improvement in quality of life. Therefore, the request for authorization of Gabapentin is not medically necessary.

Tizanidine 4 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

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

Decision rationale: As per MTUS and ODG 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. The documentation submitted shows that despite treatment with oral medications including Gabapentin, Baclofen, Norco, Naprosyn and Percocet as well as physical therapy and epidural steroid injections, the injured worker continued to experience severe neck and arm pain as well as neck spasms. Baclofen was being discontinued due to ineffectiveness and Tizanidine was

being started as needed for muscle spasms. The injured worker continued to experience severe pain and neck spasms, despite treatment with several classes of medication as well as other modalities. Documentation shows that one muscle relaxant medication (Baclofen) had been attempted for a short time but was unsuccessful at relieving symptoms. This medication's mechanism of action is to block pre and post synaptic GABA B receptors. The physician is requesting that Tizanidine, which is a centrally acting alpha2-adrenergic agonist be authorized for treatment of muscle spasms. Given the continued signs/symptoms, it is reasonable to attempt treatment with another muscle relaxant medication with a different mechanism of action to see if this will help to reduce pain or improve function. Therefore, the request for Tizanidine is medically necessary.