

<b>Case Number:</b>	CM14-0103603		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Anesthesiology, 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 45 year old male who sustained an injury on 10/26/99. No specific mechanism of injury was noted. The injured worker has been followed for multiple complaints to include pain in the right knee secondary to osteoarthritis. The injured worker was also being followed for concurrent psychological complaints to include anxiety and depression. There was a clinical note from 04/29/14 which was handwritten. It appeared the injured worker had difficulty obtaining medications. No specific physical examination findings were noted. The injured worker was recommended to continue with Zanaflex, Norco, and Neurontin. There was a follow up evaluation on 06/24/14 which again reported no specific physical examination findings. Medications were refilled at this visit. The requested Zanaflex 4mg, quantity 60, Prilosec 20mg, quantity 30, and Gabapentin 600mg, quantity 90 were all denied by utilization review on 06/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg. #60:** 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): 63-67.

**Decision rationale:** In regards to the use of Zanaflex 4mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.

**Prilosec 20 mg. #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kahrilas PJ, Shaheen NJ, Vaezi MF, Hiltz SW, Black E, Modlin IM, Johnson SP, Allen J, Brill JV, American Gastroenterological Association. American Gastroenterological Association Medical Position Statement on the Management of Gastroesophageal Reflux Disease. *Gastroenterology*. 2008 Oct;135(4):1383-91,1391.e1-5.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** In regards to the use of Prilosec 20mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

**Gabapentin 600 mg. #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs); Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

**Decision rationale:** In review of the clinical documentation submitted, this reviewer would not have recommended the request for Gabapentin 600mg, quantity 90 as medically necessary. The clinical documentation provided for review did not specify any current objective findings consistent with ongoing pain secondary to a neuropathic etiology that would support the use of this medication. Although Gabapentin is recommended as a 1st line medication in the treatment of neuropathic pain, the most recent clinical reports for this injured worker did not identify any

specific objective findings that would support the use of this medication. Therefore, this reviewer would not have recommended the request as medically appropriate.