

Case Number:	CM13-0016482		
Date Assigned:	11/06/2013	Date of Injury:	03/11/2011
Decision Date:	01/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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:

This is a male patient with a date of injury of March 11, 2011. A utilization review report dated August 14, 2013 recommends certification of Gabapentin 300 mg quantity 60, non-certification of medical marijuana, and modified certification of Zanaflex 4 mg #30 (request was for #60). A progress report dated July 9, 2013 identifies, "the patient returns with continued complaints of lower back pain that radiates bilaterally down the legs causing both pain and numbness, left much greater than right. The patient reports that their symptoms have not changed since they were last seen. The patient states that sleeping has been better lately. The patient reports current medications do help relieve pain, however they make them sleepy." Note goes on to state, "... continues to treat pain with medical marijuana, gabapentin, when he feels poorly or spasms, and he was previously using Zanaflex, but has run out. " Physical examination identifies, "lumbar spine inspection: incision is well-heeled, post inflammatory hyper pigmentation is noted. Moderate to severe tenderness along the lumbar spine and lumbar facet regions bilaterally, unchanged. There is moderate tenderness at bilateral sacroiliac joints, unchanged." Sensory examination identifies, "there is decreased sensation to pinprick on the left L4 and left L5 dermatomes once again." Diagnoses include status post lumbar laminectomy with fixation L2 to S1, status post XLIF, possible cervical spondylosis. Treatment plan states, "the patient continues to report that the lower back pain is more severe than the radiating leg pains. The patient reports that these prevent him from performing his activities of daily living as he has difficulties standing up and walking. He notes that if he is not too active, his pain levels are lower. The patient reports that while he previously discontinued Zanaflex and gabapentin, he recently resumed them and has found that these medications do help control his pain. He has been provided with pr

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Zanaflex specifically is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The request for Zanaflex 4mg, quantity 30 is not medically necessary.

Medical marijuana: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: Regarding the request for medical marijuana, Chronic Pain Medical Treatment Guidelines state that cannabinoids (medical marijuana) are not recommended. They go on to state that in total, 11 states have approved the use of medicinal marijuana for treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. The request for medical marijuana is not medically necessary and appropriate.