MAXIMUS Federal Services

Case Number:	CM13-0018911		
Date Assigned:	10/11/2013	Date of Injury:	09/21/2009
Decision Date:	01/09/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/30/2013

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, 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.

CLINICAL CASE SUMMARY

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

Treating physician notes of 07/30/2013 indicates that the patient complained of severe escalation of low back pain since not receiving Tylenol No. 3 from the pharmacy. The patient reported constant low back pain which is axially radiating into his mid back area. The patient had pain of 4-5/10 on a visual analog scale, and he had shooting pain in his leg with tingling, numbness, and paresthesias. Medications gave the patient pain relief for a few hours and then the pain would return. On physical examination, the patient had spasm and localized tenderness in the facets at L3-4, L4-5, and L5-S1. Motor strength was normal. Sensation was decreased in a nondermatomal fashion. Straight leg raising was 60-70 degrees bilaterally. The treating provider recommended bilateral L3, L4, and L5 medial branch radiofrequency lesioning and also recommended Tylenol No. 3 for breakthrough pain as well as Zanaflex for nighttime muscle spasm. The provider planned to continue naproxen as well as Axid for stomach upset and heartburn and docusate for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Codeine, page 35, states, "Recommended as an option for mild to moderate pain." In this setting where the patient has had an acute exacerbation of chronic pain, the guidelines would support this request. This request is medically necessary.

Zanaflex 4mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Zanaflex Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants/Zanaflex, page 66, states, "Unlabeled use for low back pain... One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first-line option to treat myofascial pain." This medication is supported by the guidelines as a first-line treatment in complex chronic pain situations such as this. This request is medically necessary.

Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications, page 22, states, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The medical records reference a plan for gastrointestinal prophylaxis, although the patient's specific gastrointestinal symptoms, if any, are not apparent. Overall, the guidelines recommend documentation of risk versus benefit to support the use of anti-inflammatory medication on a long-term basis. The records do not contain such detail. This request is not medically necessary.

Neurontin 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Medications Page(s): 18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-Epilepsy Medications, page 18, states Neurontin "has been considered as a first-line treatment for neuropathic pain." Given that this patient has reported a neuropathic component of pain with radiculopathy of the bilateral lower extremities, the guidelines support this request. This request is medically necessary.