

Case Number:	CM13-0028895		
Date Assigned:	11/01/2013	Date of Injury:	05/18/2004
Decision Date:	01/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational 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:

The patient is a 58 year old male with a date of injury of 5/18/2004. The patient has issues with left leg fracture, left knee/ankle pain, cervical/lumbar strains, contusions and abrasions, and PTSD. Note on 5/20/13 states the patient has been taking Zanaflex twice a day for spasms and Nucynta every 4 hours for pain and states that it was very helpful. The patient uses and L-S corset and has no GI complaints. Objective findings included moderate tenderness in the low back, decrease in through the lower right extremity medial joint line and facet tenderness on the left with an equivocal McMurry. The patient is on psychiatric medications including nortriptyline, mirtazapine, Seroquel, and, venlafaxine. There is an appeal letter dated July 31, 2013 from the treating physician states "the patient had continued discomfort chronically responding reasonably well to the nucynta and Zanaflex for muscle spasms and I do not believe it is unreasonable that the patient receives medications on ongoing basis from us for spasms and pain." There were no specific details regarding the patient's interest in function decrease in pain or other possible side effects from these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Overturned

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

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

Decision rationale: This treatment is medically necessary. CA MTUS chronic pain guidelines discuss zanaflex. The guidelines state that the medication is approved for the management of spasticity and unlabeled use for low back pain. One study demonstrated a significant decrease in pain associated chronic myofascial pain syndrome and the authors recommend its use as a first line option to treat myofascial pain.

Nucynta 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: This medication is medically necessary. CA MTUS chronic pain guidelines state that satisfactory response to treatment may be indicated by the patient's decreased pain, increase the function, or improve quality of life. Although the records could be more specific, the medical records do indicate the patient has had decreased pain and increased function because of this medication. Therefore the criteria for continued use has been met.