

Case Number:	CM13-0040074		
Date Assigned:	12/20/2013	Date of Injury:	08/15/2001
Decision Date:	02/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 45-year-old male who reported a work-related injury on 08/15/2001, specific mechanism of injury not stated. The patient subsequently presents for treatment of the following diagnoses: Status post L5 to S1 posterior lumbar interbody fusion with subsequent revision/reconstructive surgery performed on 10/04/2013 indicative of pedicle screw rod construct at the L4, L5, and S1 performed bilaterally with bilateral posterolateral arthrodesis. The clinical note dated 12/03/2013 reports the patient was seen postoperatively under the care of [REDACTED]. The provider documents the patient developed an infection postoperatively. The provider documented the patient presents better; however, progress was set back due to the infection. After the above complication, the patient developed severe bronchitis, otitis, and epistaxis that required cauterization. The patient reports losing a significant amount of blood and was bedridden for the entire month of October. The provider documents the patient is deconditioned and very weak, attempting to ambulate daily, but experiences significant fatigue. The provider documented the patient's medication regimen includes Percocet 10/325 one by mouth 4 times a day, diclofenac 1 by mouth twice daily, gabapentin 300 mg one 3 times a day, tizanidine 4 mg one 3 times a day, Butrans 5 mcg patch 2 to 3 patches every 3 to 5 days, clonazepam 1 mg, Effexor 150 mg by mouth daily, Fioricet/codeine 30/50/325/40, Pepcid 40 mg, simvastatin 20 mg, Topamax 25 mg, and Wellbutrin 100 mg. The provider documents the patient's diclofenac was refilled; however, it should be on hold for 2 weeks or so to prevent nasal bleeding. The provider recommended tapering of Percocet, prescribing 90 tablets instead of 120, and changing the patient's gabapentin dose. The provider documented the patient denied any spasms and the provider discontinued tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg, Qty 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): 71.

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient has been utilizing diclofenac chronic in nature. The patient currently presents postoperative to revision/reconstruction fusion at the L4-5, L5-S1 performed in 10/2013. The provider documents the patient sustained postoperative infection and had to undergo a subsequent surgical procedure for bronchitis, otitis, and epistaxis. The patient reported losing a significant amount of blood. The provider is recommending the patient decrease utilization of Percocet at this point in his treatment due to chronic use. Therefore, utilization of diclofenac, which California MTUS indicates is an anti-inflammatory that assists in response of decrease in pain and inflammation, is supported. Given the above, the request for Diclofenac 100mg, Qty 60, is medically necessary and appropriate.

Zanaflex 4mg, Qty 90: Upheld

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: The current request is not supported. After review of the clinical documents submitted, the clinical notes report the patient had been recommended to discontinue tizanidine via multiple peer reviews. The clinical note dated 12/03/2013 documented the patient was discontinued from utilization of tizanidine because this medication is not supported via California MTUS for chronic use. Therefore given the above, the request for Zanaflex 4mg, Qty 90 is not medically necessary or appropriate.