

Case Number:	CM13-0040164		
Date Assigned:	12/20/2013	Date of Injury:	11/17/2002
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 and is licensed to practice in Washington DC and Virginia. 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:

On January 31, 2013, [REDACTED] saw the patient for low back pain and neck pain. The patient had initial injury on Nov 17 2012, while working as a construction foreman. He was treated with MS Contin, Neurontin, Zanaflex 4mg, Xanax 1mg, Colace, Celexa, and Plavix. It was noted that he had global fusion at L5-S1, C5-6 diskectomy, s/p ulnar nerve transposition and r carpal tunnel release in 2006 and in Jan 2007. He was given an S1 epidural steroid injection and given a 2 month supply of his medications. The patient had epidural steroid injection to his S1 tranforaminal area by [REDACTED], in a report which was revised on March 28 2013. He underwent the same procedure by [REDACTED] on July 12 2013 and Oct 25 2013. The patient again saw [REDACTED] on Sept 11 2013 for follow up. He had ongoing lumbar back pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex #180: 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 patient had chronic back pain. As per MTUS guidelines, this medication is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. There is no specific outline for duration of therapy for the medication. It is medically indicated in this patient under the appropriate dosage guidelines, which were followed by the prescribing physician.

Xanax #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient had chronic back pain and was given Xanax, a benzodiazepine, and was prescribed this for over a two month time frame. Suggested usage is for 4 weeks. As per MTUS guidelines, this is not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over on benzodiazepines for the treatment of spasm. This is not medically indicated.

Colace #200: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The patient was on opiates for chronic back pain. As per MTUS, preventative treatment of constipation was indicated to prevent side effects potentially caused by an opiate. While the patient is receiving an opiate, the bowel regimen should remain in place. This medication, therefore, is medically indicated.