

Case Number:	CM13-0062056		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2005
Decision Date:	04/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation 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 female who reported an injury on 10/29/2005. The mechanism of injury was not provided for review. The patient ultimately underwent spinal fusion at L5-S1 with chronic low back complaints radiating into the bilateral lower extremities. The patient underwent electrodiagnostic studies that documented the patient had mild acute and chronic L5 radiculopathy and mild chronic left S1 radiculopathy. The patient's most recent clinical examination findings documented the patient had decreased lumbar flexion, tenderness to palpation at the sciatic notch, and normal findings in motor strength and sensation of the lower extremities. The patient's medications included Zanaflex, Halcion, docusate, and Nexium. The patient's treatment recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: California Medical Treatment Utilization Schedule does not recommend the long-term use of muscle relaxants. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule only recommends muscle relaxants for courses of treatment of approximately 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation did not provide any evidence of an acute exacerbation of the patient's chronic symptoms. As this patient has been on this medication for a period of longer than 2 to 3 weeks, continued use would not be supported. As such, the requested Zanaflex 4 mg 1 tablet by mouth every 8 hours as needed #30 is not medically necessary.

Halcion 0.25mg #15: 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 requested Halcion 0.25 mg 1 tablet by mouth at bedtime, do not take every night #15 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long-term usage of benzodiazepines in the management of a patient's chronic pain due to a high risk of psychological and physiological dependence. The clinical documentation does indicate the patient has been using this medication for an extended period of time. Although the request does indicate the patient has been instructed to not take this medication every night, long-term usage would still not be supported. Therefore, continued use of this medication would not be indicated. As such, the requested Halcion 0.25 mg 1 tablet by mouth at bedtime, do not take every night #15 is not medically necessary or appropriate.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Nexium 40 mg 1 capsule by mouth 2 times a day #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to assist in determining the patient's level of risk for developing gastrointestinal disturbance related to medication usage. Therefore, the need for this medication cannot be determined. As such, the requested Nexium 40 mg 1 capsule by mouth 2 times a day #30 is not medically necessary or appropriate.

