

Case Number:	CM13-0062093		
Date Assigned:	01/03/2014	Date of Injury:	09/17/2002
Decision Date:	06/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine 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 expert 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 63-year-old male who reported an injury on 09/17/2002. The patient has had ongoing complaints of chronic low back and left lower extremity pain. The patient reported he had seen a chiropractor for his low back pain flares and reported his pain as of 09/24/2013 as a 5/10 to 6/10. The patient was most recently seen in 12/2013 where upon he stated that without his medications, he would be incapacitated and has had very good reduction and severity of muscle spasm to the use of Zanaflex. On the physical examination dated 12/03/2013, the patient was noted to have tingling, muscle spasms and numbness all occurring intimately radiating from the lumbar spine to the left leg and left toes frequently and from the lumbar spine to the posterior lateral right leg from hip to heel occasionally. The patient had a bilateral positive straight leg raise at 30 degrees with pain elicited over the lumbar spinal musculature and left buttock and lateral thigh with both right and left raise. Patient also had a positive Patrick's test and dysesthesia over lateral left leg from hip to heel. From the chiropractic report dated 12/23/2013, the patient had a positive Valsalva maneuver, with the left lower extremity flexion and sensation with weakness noted in the SI gastrioc/calf region with limited flexion of 40/90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30 WITH 2 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CELEBREX Page(s): 30.

Decision rationale: Due to the patient's ongoing lower back pain, and with the documentation indicating the medication has been effective in relieving his discomfort, the request is considered medically appropriate as CA MTUS states that Celebrex directly targets COX-2, an enzyme responsible for inflammation and pain. As such the request is certified.

PRILOSEC 20MG #60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,
GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS
Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, GI
SYMPTOMS & CARDIOVASCULAR RISK, PAGE 68.

Decision rationale: According to CA MTUS, patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a proton pump inhibitor may be of benefit while taking oral medications. In the case of this patient, he has been utilizing NSAIDs to help control his pain level and stated that the Prilosec has kept his daily acid indigestion and nausea well controlled, and rarely occurring unless he misses a dose. Therefore, to continue to prevent GI upset, the request is considered medically appropriate and is certified.

1 REPEAT OF LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: Criteria for an epidural steroid injection according to California MTUS Guidelines, states that patient's must have radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the case of this patient, although the physical examinations have found him to have radicular findings, there are no imaging studies provided for review to corroborate with these examinations. Without having diagnostic imaging (utilizing either an MRI or electrodiagnostic studies) to confirm radiculopathy (due to herniation; not stenosis), the patient does not meet guideline criteria for a repeat epidural steroid injection. As such, the requested service is non-certified.

ZANAFLEX 4MG #120 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, TIZANIDINE, (ZANAFLEX)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: Regarding the request for 1 prescription of Zanaflex 4 mg 120 with 3 refills, according to California MTUS Guidelines, tizanidine otherwise known as Zanaflex, is a centrally acting alpha 2-adrenergic agonist that has been FDA approved for management of spasticity; and has also unlabeled use for low back pain. Most antispasticity drugs are not recommended for long term use. The patient has been utilizing this medication for over a year, and stated this medication has had a very good reduction in the severity of his muscle spasms. Therefore, the continuation of Zanaflex is considered appropriate and is certified.