

Case Number:	CM14-0002033		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2010
Decision Date:	06/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 an employee of [REDACTED] and has submitted a claim for back pain associated with an industrial injury date of July 1, 2010. The treatment to date has included Cymbalta, Zanaflex, Nabumetone, Avinza, Lidoderm 5% patch, Lyrica, Zolpidem, Aspirin, Physical Therapy, Psychotherapy, 6 sessions of aquatic therapy and epidural spinal injections for 2 episodes. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating down to both legs. There is also a constant level of nerve pain, numbness and tingling sensation to both legs. On physical examination, patient had antalgic gait assisted by cane and uses two j-type single point canes. Examination of the lumbar spine showed loss of normal lordosis with straightening of the spine. Paravertebral muscles were noted to have spasms and tenderness on both sides. Examination of the shoulders showed crepitus on range of motion with restricted movements due to pain. Hawkin's test is positive. Drop arm test is negative. Tenderness on the biceps groove and subdeltoid area was noted. The examination of the left hip showed restricted range of motion due to pain with tenderness over the trochanter. FABER test is positive. Left ankle movements were restricted to pain with tenderness. Motor strength of grip is 4/5 on the left, EHL is 1/5 on the left, ankle dorsiflexor is 3/5 on the left, ankle plantar flexor is 3/5 on the left, knee extensor is 4/5 on left and hip flexor is 4/5 on the left. Reflexes were as follows: biceps reflex is 2/4 on both sides, brachioradialis is 2/4 on both sides, triceps reflex is 2/4 on both sides, knee jerk is 2/4 on both sides, ankle jerk is 2/4 on the right side and $\hat{A}1/4$ on the left side. Straight leg raise test is positive on the left side. MRI of the lumbar spine without contrast done on 12/27/2013 showed 6mm perineural cyst in the right neural foramen at the level of L1-L2. At the level of L2-L3, there was a 5mm perineural cyst noted in the right neural foramen and 4mm perineural cyst in the left neural foramen. At the level of L3-L4, there was moderate right neural foraminal stenosis as well as a 3mm perineural cyst,

4mm perineural cyst was noted on the left. At the level of L4-L5, there was desiccated disc with moderate right and left foraminal stenosis with impingement on the right L4 nerve root. At the level of L5-S1, there was desiccated disc with attenuation of the ventral subarachnoid space and moderate severe right neural foraminal stenosis impinging on the right L5 nerve root. The utilization review from December 10, 2013 denied the request for Zanaflex 40mg #60 because there was no proven treatment for chronic pain syndrome patients. In addition, the patient does not have acute myospasm or breakthrough myospasm. The request for Nabumetone 500mg #60 was also denied because the injured worker has no documentation of acute exacerbation of pain, acute breakthrough pain or acute pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG, #60: Upheld

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

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

Decision rationale: According to page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been on Zanaflex since August 3, 2013 (4 months to date), which shows that the patient has been on prolonged use of Zanaflex. Despite its use, the patient still has no documented functional improvement due to persistence of muscle spasm in the physical examination. However, Zanaflex is still not recommended for long-term treatment due to its diminishing efficacy. There is no discussion regarding the need for variance from the guidelines. Therefore, the request for Zanaflex 4mg #60 is medically not necessary.

NABUMETONE 500 MG, #60: Upheld

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

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

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. In this case, the patient has been taking Nabumetone since October 25, 2013 (3 months to date) and the patient does not report acute exacerbation of the pain because

the manifestation is chronic in etiology. In addition, aspirin has been given to the patient since December 9, 2013 which increases the risk to develop any gastrointestinal events associated with the intake of aspirin and NSAIDS. There is no documented functional improvement derived from its use. Therefore, the request for Nabumetone 500mg #60 is not medically necessary.