

Case Number:	CM14-0003285		
Date Assigned:	01/31/2014	Date of Injury:	03/03/2004
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 53 year old male who reported an injury on 03/03/2004 secondary to an unknown mechanism of injury. He has been treated previously with radiofrequency ablations at L5, S1 and S3 with short term benefit. He was evaluated on 12/11/2013 and reported 7/10 upper and lower back pain, which was worse with both flexion and extension. On physical examination, he was noted to have a positive straight leg raise bilaterally with diminished (1/4) left lower extremity reflexes and normal motor strength and sensation. The injured worker was also noted to have tenderness to palpation over the L4-5 and L5-S1 facet capsules, pain with rotational extension, and secondary myofascial pain with triggering, ropey fibrotic banding, and spasm. Medications were noted to include Amlodipine, Cymbalta, Opana, and Zanaflex. It was noted that the injured worker began using Opana on 05/02/2012 and Zanaflex on 11/14/2012. The request was for Zanaflex 4mg #60 with 3 refills and Opana ER 40mg #60. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG #60 WITH THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. It was noted that the injured worker has used Zanaflex since 11/14/2012, which is excessive according to the evidence-based guideline recommendations for short-term treatment. There is a lack of documented evidence at the time of the request to indicate quantifiable pain relief and/or specific functional improvement with the injured worker's use of this medication. Therefore, it is unclear that the injured worker has recently benefitted from the use of this medication. The guidelines also recommend monitoring of liver function at baseline, 1, 3, and 6 months as Zanaflex has been associated with asymptomatic hepatotoxicity. There is no documentation of a liver function test in the medical records submitted for review. Furthermore, the request as written specifies three refills. This quantity does not allow for timely reassessment of medication efficacy. As such, the request for Zanaflex 4mg #60 with three refills is not medically necessary.

OPANA ER 40 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. It was noted that the injured worker has used Opana since 05/02/2012. There is a lack of recent documented evidence of quantifiable pain relief, objective functional improvement, and/or associated side effects with the injured worker's use of Opana. Additionally, the medical records submitted for review fail to indicate that the injured worker has recently submitted to a urine drug screen in order to monitor for aberrant drug-related behavior. As such, the request for Opana ER 40mg #60 is not medically necessary.