

Case Number:	CM14-0006675		
Date Assigned:	03/03/2014	Date of Injury:	11/05/2001
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 71-year-old male with a date of injury of November 15, 2000. The patient has chronic back pain. He is status post lumbar fusion L3-L5 2003. He had spinal cord stimulator in 2009. The patient has had physical therapy 9 sessions and 2011 and 2012. He continues to have chronic back pain and spasms. He had a lumbar epidural steroid injection (ESI) which helped and spasms. The medical records do not reveal full extent of his exercise program for back pain. He rates his pain as 7/10. The patient had a recent course of physical therapy which reportedly helped. He is diagnosed with chronic postoperative back pain and post-laminectomy syndrome. At issue is whether medications Zanaflex and Vicodin are medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/750 MG (QID) FOUR (4) TIMES A DAY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 79-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 79-88.

Decision rationale: This patient has chronic back pain and failed lumbar surgery with the spinal cord stimulator. Continued use of Vicodin is not medically necessary. The recent literature indicates that opioid treatment of the chronic non-malignant pain does not facilitate outcome goals including pain relief and improve quality of life and functional capacity. In addition, the medical records do not document significant improvement with the use of Vicodin along with the patient's participation a functional restoration program. Continued use of Vicodin the patient's chronic back pain is not medically necessary. The MTUS guidelines for continued use of narcotics for chronic low back pain are not met. As such, the request is not certified.

ZANAFLEX 60 MG (QID) FOUR (4) TIMES A DAY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

Decision rationale: Per MTUS Guidelines, muscle relaxants may be effective in reducing pain and muscle tension; however, most low back cases they show no benefits beyond non-steroidal anti-inflammatory drugs (NSAIDs) with respect to pain and overall functional improvement. The effectiveness of muscle relaxants and cases of chronic low back pain appears to diminish over time and prolonged use may lead to the drug dependence. Continued use of Zanaflex chronic low back pain is not medically necessary per MTUS guidelines. As such, the request is not certified.