

Case Number:	CM14-0120353		
Date Assigned:	09/22/2014	Date of Injury:	12/07/2009
Decision Date:	11/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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, has a subspecialty in Interventional Spine Pain Management 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 a 39-year-old male with a date of injury of 12/07/2009. The listed diagnoses per [REDACTED] are: 1. Posterior hardware, L3 to S1, intact. 2. Interbody fusion, L3 to S1, appear solid. 3. No adjacent segment degeneration. According to progress report, 06/17/2014, the patient presents with chronic low back pain. He also continues to have ongoing left hip pain. Physical examination of the lumbar spine revealed, "The patient walks with a normal gait and has normal heel-toe swing through gait with no evidence of limp. There is no evidence of weakness walking on heels or toes. In palpation, there is no palpable tenderness of the paravertebral muscles, bilaterally. There is evidence of tenderness over the left sacroiliac joint." The provider is requesting medication, Zanaflex 4 mg and Cymbalta 60 mg. Utilization Review denied the request on 06/30/2014. Treatment reports from 02/03/2014 through 06/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1 Tablet by mouth Three times per day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (tizanidine), medication for chronic pain Page(s): 66, 60.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting Zanaflex 4 mg to be taken by mouth 3 times daily #90. The provider is requesting a refill of Zanaflex. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. In this case, the patient has been taking this medication since 02/03/2014 and the provider and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation for this medication cannot be supported. Therefore, this request is not medically necessary.

Cymbalta 60mg 1 by mouth every day #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), medication for chronic pain Page(s): 16 and 17, 60.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting refill of Cymbalta 60mg. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." In this case, the patient has been taking Cymbalta since 02/03/2014 and the provider does not discuss its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation for this medication cannot be supported. Therefore, this request is not medically necessary.