

Case Number:	CM14-0148865		
Date Assigned:	10/15/2014	Date of Injury:	01/13/2010
Decision Date:	11/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 Family Medicine and is licensed to practice in Arizona. 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 58 year old female with a date of injury on 1/13/2010. The patient is status post ACL and meniscal repair in 2011. Subjective complaints are of cervical, thoracic, lumbar, and left knee pain. The left knee is presently the most bothersome. Physical exam shows left knee medial joint line tenderness, and walking with a limp. Medications are documented as providing relief from 8/10 to 4/10, and increased activities of daily living. Medications include Percocet, Relafen, Cymbalta, Zanaflex, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg qty 60 retro 07/15/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67-68.

Decision rationale: The CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain is present in multiple

locations. Therefore, the requested Relafen is consistent with guideline recommendations, and the medical necessity is established.

Zanaflex 4mg qty 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 MUSCLES RELAXANT Page(s): 63-66.

Decision rationale: The CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm or functional improvement with this medication. Therefore, the medical necessity of Zanaflex is not established.