

Case Number:	CM14-0156214		
Date Assigned:	09/25/2014	Date of Injury:	11/27/1996
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine 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 injured worker is a man with a date of injury of 11/27/96. He was seen by his physician on 7/21/14. He had pain in both arms, legs, neck shoulders, knees, buttocks and his low back. His medications included Duragesic patch, Norco, voltaren, Ambien, Cymbalta, zanaflex, Effexor, terazosin, Lidoderm patch and zonegran. His physical exam showed a kyphotic posture, slow antalgic gait and transitions gingerly. His diagnoses included chronic low back pain with failed back surgery with radiculopathy, bilateral shoulder impingement syndrome and myalgia. At issue in this review is the refill of medications terazosin and zanaflex. Length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin 5mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: drug information terazocin

Decision rationale: Terazosin is an alpha-blocker used in hypertension or benign prostatic hypertrophy. There is no discussion of the indication or any potential side effects of this medication. He has a history of 'hypertension, no longer since discontinuing of Vioxx'. The medical justification or indication for this medication is not substantiated in the records.

Zanaflex 6mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 13, a16-17, 22, 63.

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

Decision rationale: Zanaflex is a muscle relaxant used in the management of spasticity. This injured worker chronic pain with an injury sustained in 1996. His medical course has included use of medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify long-term use. The medical necessity for zanaflex is not supported in the records.