

Case Number:	CM14-0174685		
Date Assigned:	10/28/2014	Date of Injury:	06/03/1988
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 and Rehabilitation 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:

This 61 year-old injured worker sustained an injury on 6/3/1988 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 2mg #30 with 2 refills, Nabumetone 500mg #30 with 2 refills, and Acetaminophen-Codeine No.3 300/30mg #30 with 2 refills. Diagnoses include Lumbago; lumbar spondylosis; facet syndrome. Conservative care has included medications, therapy, home exercise, TENS, acupuncture, injections, chiropractic treatment, radiofrequency ablation at Left L4, L5, S1 (7/2/08, 8/18/09, 6/23/10, 2/17/11, 6/18/12, 1/10/13, 3/13/14), and modified activities/rest. The injured worker continues to treat for chronic ongoing low back symptoms without radiation; pain rated at 9/10 without and 4/10 with medications. Exams from reports of 3/28/14, 9/22/14, and 10/8/14 showed lumbar spasm, tenderness at lumbar facets, positive provocative facet maneuver; pain on left lateral extension; normal gait; limited range of motion; intact sensation throughout lower extremities. The request(s) for Zanaflex 2mg #30 with 2 refills was modified for #22 with no refills, Nabumetone 500mg #30 with 2 refills was modified for #30 with 1 refill, and Acetaminophen-Codeine No.3 300/30mg #30 with 2 refills was modified for #30 with 1 refill on 10/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflez 2mg #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1988. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the injured worker remains not working and not functionally improved. The request for Zanaflex 2mg #30 with 2 refills is not medically necessary.

Nabumetone 500mg #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The request for Nabumetone 500mg #30 with 2 refills is not medically necessary.

Acetaminophen-Codine No.3 300/30mg #30 with 2 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 Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on codeine should be routinely monitored for signs of impairment and use in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall

approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of codeine with persistent severe pain for this chronic 1988 injury without acute flare, new injury, or progressive deterioration. The request for Acetaminophen-Codeine No.3 300/30mg #30 with 2 refills is not medically necessary.