MAXIMUS Federal Services

Case Number:	CM14-0180520		
Date Assigned:	11/05/2014	Date of Injury:	08/17/1999
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in New Jersey & 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 42 year-old male who was injured on 8/17/99. He complained of lower back pain radiating to his right leg with weakness. He had muscle spasms of mid back and neck. He had tender back and normal strength and sensation on exam. He had an MRI showing several degenerative discs without nerve root impairment. He was diagnosed with lumbar disc disease, thoracic spine pain, and lumbago. His treatment included, epidurals, medications (he has been on Flexeril, Cymbalta, Vimovo, Robaxin, Ultram, Gralise, and Arthrotec), daily exercise and stretching program, and TENS units. The patient could not tolerate ibuprofen and Celebrex secondary to acid reflux. He had a spinal cord stimulator placed without relief. He declined a spinal fusion procedure but had an intradiscal decompression which gave him great relief. He participated in a pain management program which allowed him to increase his activity level. According to the chart, the patient was able to function daily due to his TENS unit. The current request is for Zanaflex, Gralise, and TENS unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant & Chronic Pain.

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

Decision rationale: Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. The patient has been prescribed Vimovo and Arthrotec. Efficacy wanes over time and chronic use may result in dependence. The patient has been on Flexeril with relief of subjective spasms, which never objectively documented on. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered medically unnecessary.

Gralise 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

Decision rationale: According to MTUS guidelines, it is effective for diabetic painful neuropathy and post herpetic neuralgia. There should be documentation of pain relief, improvement in function, and side effects experienced by the patient. Medical records indicate that Gralise improved "burning" pain, numbness, and tingling but he continued with spasms. Improvement in function and side effects were not documented. The patient did continue with pain according to recent documentation. Guidelines recommend switching to another first-line drug if there was inadequate pain control. There is not enough documentation to support enough benefit of Gralise for continued use. The request is considered not medically necessary.

TENS Unit supplies: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According the MTUS guidelines if the patient had intractable pain for at least three months and failed other pain modalities, a TENS unit is reasonable to use to treat neuropathic pain. The patient has had pain relief of his back with his TENS unit despite failing multiple medications and not having major relief after attending a pain management program. He will continue home exercise and stretching program. A treatment plan including short and long term goals of treatment with the TENS unit was not submitted, however, given the pain

relief experienced with the unit, the request for TENS unit supplies is considered medically necessary.