

Case Number:	CM14-0056783		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2005
Decision Date:	08/19/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 and Washington. 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 48-year-old male who reported an injury on 4/28/05. The injury reportedly occurred when he was carrying a 500 pound tarp which landed on the injured worker's back. The injured worker has diagnoses of chronic pain syndrome, lumbago, lateral lumbar degenerative disc disease, and lumbar nerve root impingement. The injured worker has had a lumbar epidural steroid injection, which gave him relief for low back pain, an MRI in 2007, an EMG, and an MRI with contrast on 12/19/13. The injured worker has received surgery on his right shoulder. The progress report dated 6/10/14 revealed that the injured worker had lower back pain with bilateral leg pain and numbness. The injured worker has been authorized for surgery in August 2014. Medications included Norco 10/325 mg, Zanaflex 4 mg, Neurontin 600 mg, Relafen 750 mg, Ambien 10 mg, and Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120 with 4 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 Page(s): 66.

Decision rationale: Zanaflex is a muscle relaxant. The California MTUS Chronic Pain Medical Treatment Guidelines recommend 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. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. It is also approved for management of spasticity; it also has an unlabeled use for low back pain. The injured worker is absent of any acute spasms. There is lack of frequency provided for said medication. As such, the request is not medically necessary.

Neurontin 600mg #90 with 4 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 Page(s): 16-17.

Decision rationale: Neurontin is an anti-epileptic medication. The California MTUS Chronic Pain Medical Treatment Guidelines state that Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line of treatment for neuropathic pain. There is lack of documentation of the efficacy of said medication. There is no evidence of neuropathic pain. There is lack of frequency provided for said medication. As such, the request is not medically necessary.

Relafen 750mg #60 with 4 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 Page(s): 67.

Decision rationale: Relafen is an NSAID. The California MTUS Chronic Pain Medical Treatment Guidelines recommend for back pain at the lowest dose for the shortest period in patients with moderate to severe pain. It is recommended as an option for short-term symptomatic relief. There is inconsistent evidence with the use of this medication to treat neuropathic pain, but they may be useful to treat breakthrough in mixed pain conditions such as osteoarthritis. There is lack of documentation as to the effectiveness of said medication. The injured worker had no history of neuropathic pain. There is a lack of documentation as to the frequency the medication is to be used. As such, the request is not medically necessary.

Prilosec 20mg #30 with 4 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.

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

Decision rationale: Prilosec is a proton pump inhibitor (PPI). The California MTUS Chronic Pain Medical Treatment Guidelines state that PPIs are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. There is a lack of documentation that the injured worker has any upper GI side effects. Also, the medication has no frequency within the request. As such, the request is not medically necessary.