

Case Number:	CM14-0067828		
Date Assigned:	07/11/2014	Date of Injury:	11/25/2009
Decision Date:	09/12/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 51-year-old female who was reportedly injured on November 25, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated November 8, 2013, indicates that there are ongoing complaints of low back pain. Current medications include Tizanidine, Tramadol and Nexium. The physical examination demonstrated tenderness over the facet joints at L4-S1 as well as left sided sacroiliac joint tenderness. There was normal lumbar spine range of motion and a positive left-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine showed intact instrumentation with minimal bone growth. Previous treatment includes an anterior/posterior lumbar decompression and fusion at L4-L5 and L5-S1. A request was made for Zanaflex, Pepcid and Voltaren and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 with 3 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 Muscle relaxants (for pain Page(s): 63-66 of 127.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.

Pepcid 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

Decision rationale: Pepcid is a medication used to treat ulcers, gastroesophageal reflux and conditions where the stomach produces too much acid. According to the attached medical record there is no documentation that the injured employee has any of these conditions. Therefore, this request for Pepcid is not medically necessary.

Voltaren 100mg #60: 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): 111 of 127.

Decision rationale: Voltaren is a nonselective nonsteroidal anti-inflammatory anti-inflammatory drug (NSAID) not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first-line NSAID medications. In the absence of such documentation, this request for Voltaren is not medically necessary.