

Case Number:	CM14-0163176		
Date Assigned:	11/12/2014	Date of Injury:	09/05/2012
Decision Date:	01/28/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine 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 patient is a 46 y/o male who has developed chronic low back problems subsequent to an injury date 9/5/12. He has had spinal surgery and has a residual post laminectomy syndrome with low back and leg pain. Post surgical diagnostics have shown scar entrapment, but no other "red flag" condition such as infection. His pain is documented to have meaningful improvement with opioid medications, however dosing has been recently increased. He has trialed Gabapentin, but the side effects problematic. A trial of Lyrica was requested, but the records reviewed to not include an actual trial. He has been on Zanaflex and Effexor long term, but there has been no documented benefits from these medications. The Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zanaflex 4 mg #60 with a date of service of 8/25/2014: Upheld

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

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

Decision rationale: MTUS Guidelines list Zanaflex as an antispasmodic drug and the Guidelines allow some leeway/exceptions for the long-term use of this specific muscle relaxant. However,

the prescribing physician provides no evidence that this has been a beneficial drug that might justify an exception. Under these circumstances, the Zanaflex is 4mg #60 is not medically necessary.

Retrospective request for Effexor 75 mg #60 with a date of service of 8/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15.

Decision rationale: MTUS Guidelines point out the weak evidence for use of this class of drugs for chronic pain, however the Guidelines allow for a trial and recommend close monitoring for benefits and side effects to justify long-term use. No meaningful benefits from Effexor are documented which would justify long-term use. Under these circumstances, the Effexor 75mg #60 is not consistent with Guidelines and is not medically necessary.