MAXIMUS Federal Services

Case Number:	CM14-0193665		
Date Assigned:	12/01/2014	Date of Injury:	12/31/1999
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 12/31/99. He continues to be treated for radiating low back pain. He was seen by the requesting provider on 07/21/14. Pain was rated at 7/10 without medications and 5/10 with medications. He was having frequent bilateral lumbar muscle spasms. Medications are referenced as providing functional improvement and an improved quality of life. Physical examination findings included appearing in moderate distress. There was lumbar paraspinal muscle tenderness with spasm. There was decreased lower extremity strength. Imaging results were reviewed. Zanaflex 4 mg #60, Percocet 10/325 mg #90, Naprosyn 550 mg #60, and tramadol ER 100 mg #30 were prescribed. On 10/13/14 he was having ongoing symptoms. Pain was rated at 8/10 without medications in 6/10 with medications. The claimant was continuing to work as a welding inspector. Physical examination findings included a positive right seated straight leg raise. Authorization for an epidural injection was requested and medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Tablet #60, Refill Zero: Overturned

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 Specific Drug List & Adverse Effects Page(s): 73.

Decision rationale: Per guidelines, oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of Naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations; therefore, the request is medically necessary.

Zanaflex 4mg Capsule #60, Refills Zero: 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.

Decision rationale: Per guidelines, Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. Therefore; the request is not medically necessary.