

Case Number:	CM15-0109900		
Date Assigned:	06/16/2015	Date of Injury:	04/22/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 34 year old female sustained an industrial injury on 4/22/13. She subsequently reported low back pain. Diagnoses include lumbar sprain and strain and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to report low back pain. Upon examination it was noted that the injured worker is morbidly obese and lumbosacral spine range of motion is decreased and painful. A request for Relafen and Zanaflex prescriptions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Relafen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case the request was for Relafen 500 mg #60 which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Relafen 500 mg #60 is not medically necessary.

Prescription of Zanaflex 4mg #20: 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): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4mg #20 is not medically necessary.