

Case Number:	CM15-0163155		
Date Assigned:	08/31/2015	Date of Injury:	02/09/2001
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44-year-old male, who sustained an industrial injury on 2-9-01. The diagnoses have included lumbar degenerative joint disease (DJD) status post lumbar laminectomy with fusion and ongoing back spasms and radicular symptoms in the left leg. Treatment to date has included medications, activity modifications, surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 7-23-15, the injured worker complains of flare up of back pain, antalgic posture. He states that the pain is shooting down the left leg again. He continues to work as an electrician. He cannot function without the pain medication. He rates the pain 8 out of 10 on pain scale, at best 4 out of 10 with medications and 10 out of 10 without medications. He reports 50 percent reduction in pain and functional improvement with medications. The current medications included Percocet, Zanaflex and Vimovo. There is no previous urine drug screen reports noted. The objective findings- physical exam of the back reveals antalgic posture, he can flex 20 degrees, and he cannot stand up straight. There is sensory loss to light touch and pinprick in the left lateral calf and bottom of the foot. There is an absent left Achilles reflex. There is 4 out of 5 weaknesses in left thigh flexion. The physician notes that the injured worker was given a Toradol injection in the right gluteal region for the pain and it was tolerated well. The physician requested treatment included Zanaflex 4mg #30 and Vimovo 500-20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: 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 the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.

Vimovo 500/20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Worker's Compensation Online Edition 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 67-68.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. Vimova contains an NSAID and a proton pump inhibitor that is to be used for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was also on oral opioids (Percocet) and Toradol injections. Pain reduction due to Zimova cannot be determined. There is no indication for multiple forms of NSAID use. Therefore, the continued use of Vimovo is not medically necessary.