

Case Number:	CM15-0168357		
Date Assigned:	09/09/2015	Date of Injury:	03/22/2012
Decision Date:	10/14/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 37 year old male, who sustained an industrial injury, March 22, 2010. According to the progress noted of January 28, 2015, the injured worker was prescribed Norco for right leg pain at 2-4 times per day and more for severe pain or pain that is more frequent if the was severe for severe pain. According to progress note of July 15, 2015, the injured worker's chief complaint was low back pain with radiation of pain into the right leg and numbness that had not improved. The injured worker continued with weakness in the right leg. The injured worker reported occasional spasms and shooting pain into the left buttocks and leg. The injured worker indicated the spinal surgeon was contemplating surgery. The physical exam noted deep tendon reflexes were 1 plus in the left ankle and trace in the right ankle. The sensation was diminished on the left side of the right lateral thigh, calf and foot. The treating physician was recommending fusion surgery at L3-L4, L4-L5 levels. The injured worker was taking Norco since at least February 25, 2015 with no documentation of pain control. The injured worker was diagnosed with facet arthrosis, collapse and hypermobility at L3-L4 and L4-L5 with residual stenosis ad new found facet cyst, disc protrusion at L4-L5 right compression of the L4 andL5 nerve roots in the foraminal zone, slight loss of disc height at L4-L5 and L5-S1 and postoperative pain. The injured worker previously received the following treatments physical therapy, home exercise program, Micro laminectomy L4-L5 on January 19, 2015, Norco, Neurontin, Motrin and Zanaflex. The RFA (request for authorization) dated July 15, 2015, which included the following treatments included prescription refills for Motrin, Zanaflex, Neurontin and Norco. The UR (utilization review board) denied certification on July 23, 2015, for Motrin was a first line of treatment and not recommended for long term use. Zanaflex was

recommended as a first line drug for myofascial pain syndrome. The Neurontin was denied for lack of documentation of functional improvement with the medication. The Norco was recommended for weaning. The prescriptions submitted for authorization failed to having supporting documentation of response to prior use of the medication was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #120 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The current request is for Motrin 800mg #120 tablets. The RFA is dated 07/15/15. Treatment history include lumbar surgery (01/29/15), physical therapy and medications. The patient remains TTD. MTUS Chronic Pain Medical Treatment Guidelines 2009 under ANTI-INFLAMMATORY MEDICATION page 22, states: Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Per report July 15, 2015, the patient presents with low back pain with radiation of pain into the right leg and numbness. The physical exam noted deep tendon reflexes were 1 plus in the left ankle and trace in the right ankle. The sensation was diminished on the left side of the right lateral thigh, calf and foot. The patient is taking Norco for severe pain, Zanaflex for spasms, Gabapentin for neuropathic pain and Ibuprofen as needed for pain. The patient has been on this medication regimen since at least 02/25/15. In this case, recommendation for further use cannot be supported as there are no discussions regarding medication efficacy. The treater has not provided documentation of change in pain or function with prescribing Motrin for long-term use. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. The request IS NOT medically necessary.

Zanaflex 4mg #60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for Zanaflex 4mg #60 tablets. The RFA is dated 07/15/15. Treatment history include lumbar surgery (01/29/15), physical therapy and medications. The patient remains TTD. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Per report July 15, 2015, the patient presents with low back pain with radiation of pain into the right leg and numbness. The physical exam noted deep tendon reflexes were 1 plus in the left ankle and trace in the right ankle. The sensation was diminished on the left side of the right lateral thigh, calf and foot. The patient is taking Norco for severe pain, Zanaflex for spasms, Gabapentin for neuropathic pain and Ibuprofen as needed for pain. The patient has been on this medication regimen since at least 02/25/15. In this case, recommendation for further use cannot be supported as there are no discussions regarding medication efficacy. The treater has not provided documentation of change in pain or function with prescribing Zanaflex for long term use. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. The request IS NOT medically necessary.