

Case Number:	CM15-0190546		
Date Assigned:	10/02/2015	Date of Injury:	05/21/2009
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 46 year old female who sustained an industrial injury 05-21-09. A review of the medical records reveals the injured worker is undergoing treatment for failed back syndrome and lumbar spine radiculopathy. Medical records (08-2-15) reveal the injured worker complains of low back pain. No pain rating is reported. The notes are hand written and difficult to decipher. The physical exam (08-25-15) reveals minimal spasms as well as right leg weakness. Prior treatment includes medications, epidural steroid injections, spinal cord stimulator, failed back surgery, physical therapy, and bilateral lumbar facet neurotomies on 07-08-15 and 07-20-15. The original utilization review (09-03-15) on certified the request for Mobic 15mg #30, Zanaflex 4mg #90, and Dilaudid 4mg #150. The documentation supports that the injured worker has been on Dilaudid since at least 07-08-14, Zanaflex since at least 02-21-15, and Mobic since at least 08-20-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Mobic 15mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

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. In this case, the claimant had been on NSAIDs for over a year in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required recent RF ablation for pain control. Continued use of Mobic is not medically necessary.

Zanaflex 4mg #90: 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: 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. Also 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 Zanaflex for over a year in combination with NSAIDs and opioids. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.

Dilaudid 4mg #150: 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the guidelines, Dilaudid is traditionally used for intrathecal purpose or along with pain pumps. In this case, the claimant was on Dilaudid for over a year. There was no mention of weaning, Tricyclic or alternate medication failure. The claimant required RF ablations to improve pain control and ADLS. Cures and opioid agreement were not noted. Continued use of Dilaudid is not medically necessary.