MAXIMUS Federal Services

Case Number:	CM15-0199772		
Date Assigned:	10/15/2015	Date of Injury:	10/30/1999
Decision Date:	12/21/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/12/2015

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, Pain Management

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 66 year old male injured worker suffered an industrial injury on 10-30-1999. The diagnoses included multiple orthopedic conditions of the cervical, lumbar spine, ankles, knees, wrist, and shoulders. On 8-13-2015 the treating provider reported neck and low back pain. The injured worker reported greater than 50% pain relief with the medications. On exam the cervical spine had reduced range of motion with pain. The lumbar spine had a right and left straight leg raise with an altered gait along with reduced range of motion. The medical record on 8-13-2015 did not contain evidence of opioid induced constipation or muscle spasms. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with requested treatments. Zanaflex, Prevacid, Cymbalta and Miralax had been in use since at least 5-2015. The Utilization Review on 9-21-2015 determined non-certification for Zanaflex 2mg #60, Prevacid 30mg #30, Miralax 17gm 1 bottle with 1 refill and modification for Cymbalta 30mg #60 with 1 refill to no refill and Miralax 17gm 1 bottle with 1 refill to no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

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

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

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

Prevacid 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) (2015): Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for Prevacid, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prevacid is not medically necessary.

Cymbalta 30mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

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

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification that the

Cymbalta provides analgesic effect and functional improvement. In light of the above, the currently requested duloxetine (Cymbalta) is medically necessary.

Miralax 17gm 1 bottle with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Regarding the request for Miralax, CA MTUS cites that prophylaxis for constipation for patients undergoing opioid therapy is recommended. Within the documentation available for review, the patient is undergoing chronic opioid therapy, with additional use of such medication certified given the presence of pain relief, functional improvement, etc. As such, ongoing prophylaxis for constipation is indicated. In light of the above, the currently requested Miralax is medically necessary.