MAXIMUS Federal Services

Case Number:	CM15-0214853		
Date Assigned:	11/04/2015	Date of Injury:	07/24/2012
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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 male who sustained an industrial injury on 07-24-2012. According to a progress report dated 09-24-2015, the injured worker reported that the localized right lower back pain still remained the same as one month ago. Back pain radiated down the right buttock to the upper leg with squeezing and stabbing pain in the afternoons. He requested to go ahead with the nerve block so that he could return to normal capacity. He had been successfully tapered off of Gabapentin and was able to tolerate Lyrica. Range of motion of the lumbar spine was somewhat limited with extension being 20 degrees and flexion being 16 degrees off the floor. There was a mild degree of sensory or motor deficit noted in the right lower leg and foot following L5 and S1 distribution. There was a mild to moderate amount of tenderness in the right lower L5 spine over the lumbar facet and S1 joint. Straight leg raising test was positive at 60 degrees with positive sciatic nerve stretch test. There was a slight degree of weakness in plantar flexion and dorsiflexion of the right foot compared to the left. Assessment included lumbar disc disease, bilateral lumbar radiculopathy worse on the right L3-4 through L5-S1, lumbar facet syndrome, lumbosacral musculoligamentous strain and depressive disorder with anxiety reaction. The treatment plan included caudal epidural steroid injection vs. SNRB on right L5 and S1, Meloxicam 7.5 mg #60 with 3 refills, Zanaflex 40 mg #30 with 3 refills and Lyrica 300mg #30 with 3 refills, home exercise program, hydrotherapy, follow up with named provider for high cholesterol, Wellbutrin and repeat RF neurotomy on right medial branch at L3, L4 and L5 if needed in the future. An authorization request dated 09-24-2015 was submitted for review. The requested services included caudal epidural steroid injection vs. SNRB on right L5 and S1, Meloxicam 7.5 mg #60 with 3 refills, Zanaflex 40 mg #30 with 3 refills and Lyrica 300mg #3 with 3 refills. On 10-01-2015, Utilization Review non-certified the request for 30 Zanaflex 4 mg

with 3 refills and 60 Meloxicam 7.5 mg with 3 refills. The request for 30 Lyrica 300 mg with 3 refills was modified. The request for one caudal Epidural Steroid Injection (ESI) versus Selective Nerve Root Block (SNRB) on right L5-S1 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Zanaflex 4mg with 3 refills: 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: 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 for over 2 years in combination with NSAIDS and opioids (including prior use of Robaxin). Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.

60 Meloxicam 7.5mg with 3 refills: 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), NSAIDs, GI symptoms & cardiovascular risk.

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. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks Future need cannot be determined. Recent pain scores were not noted. Continued use of Meloxicam with 3 refills is not medically necessary.

30 Lyrica 300mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.