

Case Number:	CM15-0036768		
Date Assigned:	03/05/2015	Date of Injury:	04/29/2012
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey
 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 50 year old female, who sustained an industrial injury on April 29, 2012. The injured worker had reported a low back injury. The diagnoses have included chronic low back pain, left foot stress fracture, osteoarthritis of the knees and stress syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, transcutaneous electrical nerve stimulation unit, brace, epidural injections and a home exercise program. Current documentation dated December 19, 2014 notes that the injured worker reported constant low back pain with radiation into the right lower extremity. Associated symptoms include burning, numbness and tingling. The injured worker also reported numbness of the left lower extremity. The low back pain was affecting her activities of daily living. Physical examination of the lower back revealed tenderness. A straight leg raise and Lasegue's test were positive on the right. Hypoalgesia was noted in the right lumbar five-sacral one nerve root. Motor examination revealed weakness of the right lower extremity. The injured worker also reported bilateral knee pain. Range of motion of the knees was painful but normal. On January 26, 2015 Utilization Review non-certified a request for Etodolac 500 mg # 60 and modified a request for Zanaflex 4 mg # 30 for weaning purposes. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 500mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, who had been taking NSAIDs chronically for many months, including more recently etodolac, there was insufficient evidence found in the notes available for review to support the continuation of any NSAID, including etodolac. There was no convincing reasoning found in the notes to set apart this worker as an exception to the Guidelines suggesting no long-term use for the diagnoses associated with this worker. Also, there was insufficient documentation of specific functional gains and pain reduction (measurable) directly related to etodolac use. Therefore, considering the long-term risks associated with NSAIDs, the etodolac 500 mg #60 will be considered medically unnecessary.

Zanaflex 4mg hs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was evidence to suggest she was experiencing muscle spasm to warrant a muscle relaxant, she used Zanaflex chronically for many months leading up to this request for renewal, which is not a recommended use of this medication class, considering her diagnoses. Also, there was no report of any measurable functional gains directly related to the regular use of Zanaflex which might have helped justify its continuation. However, considering the above, the Zanaflex will be considered medically unnecessary.

