

Case Number:	CM15-0039238		
Date Assigned:	03/09/2015	Date of Injury:	06/15/2000
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 56 year old male who sustained an industrial injury on 06/15/2000 during the course of his employment. The injured worker describes the injury occurring as he crawled under a desk to fix and secure computer cables. He developed pain in his low back with radiation into his left leg. He also noted depression, anxiety, irritability and insomnia. Treatment to date includes spinal fusion, removal of hardware and laminectomy. Other treatments included spinal cord stimulator, psychiatric care, physical therapy, CT scan and medication. Current treatment was medications and physical therapy. He presented on 01/12/2015 with low back pain. The provider documents the medications are working well. Diagnoses include degenerative lumbosacral intervertebral disc, cervicocranial syndrome, post laminectomy syndrome lumbar region and degenerative cervical intervertebral disc. The provider requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants pain Page(s): 63-66.

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

Decision rationale: The requested Zanaflex, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back with radiation into his left leg. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex is not medically necessary.

Methadone 6mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The requested Methadone 6mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The injured worker has low back with radiation into his left leg. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Methadone 6mg #60 is not medically necessary.