

Case Number:	CM15-0044705		
Date Assigned:	03/16/2015	Date of Injury:	06/30/1997
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

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 injured worker was a 51 year old female, who sustained an industrial injury, June 30, 1997. The injured worker previously received the following treatments lumbar spine MRI, fentanyl patches, Dilaudid, Zanaflex, Topamax and psychiatric services. The injured worker was diagnosed with chronic low back pain, lumbar laminectomy and fusion with removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, cervicogenic posttraumatic migraines, tension headaches, depression, anxiety and bipolar disorder. According to progress note of March 3, 2015, the injured workers chief complaint was of burning low back pain with radiation down into the left buttocks, lateral leg and to the bottom and top of the left foot. The injured worker occasional has radicular pain down the right leg. The pain was aggravated by sneezing, coughing, walking, stranding, bending. Sitting and lifting. The injured worker was also complaining of numbness in the right hand. The Fentanyl patches sustain pain relief. The Dilaudid was for breakthrough pain averaging 2 tablets daily. The Zanaflex helps manage muscles spasms, however Soma was much more effective. The physical exam noted moderate cervical paraspinal muscle tenderness and upper trapezius tenderness. Cervical range of motion was limited in all planes. There was moderate to severe tenderness to palpation to lumbar paraspinal muscles with spasms. Lumbar spine testing shows severely limited range of motion in flexion, extension, lateral flexion and rotation. Low extremity deep tendon reflexes depressed bilaterally. The seated straight leg test was positive bilaterally, pain greater on the left than the right. The treatment plan included prescription renewal for Zanaflex, Fentanyl Patches on March 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (Chronic).

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for history of a work-related injury occurring in 1997. She continues to be treated for chronic neck and back pain with right lower extremity radicular symptoms. Medications included Zanaflex being prescribed on a long-term basis. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.

Fentanyl 100mcg/hr Patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for history of a work-related injury occurring in 1997. She continues to be treated for chronic neck and back pain with right lower extremity radicular symptoms. Medications include Fentanyl and Dilaudid at a total MED (morphine equivalent dose) of 320 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.