

Case Number:	CM15-0049493		
Date Assigned:	03/23/2015	Date of Injury:	07/24/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 year old female, who sustained an industrial injury, July 8, 2008. The injured worker previously received the following treatments Cymbalta, Skelaxin, Ibuprofen, Elavil and Xanax. The injured worker was diagnosed with low back pain, Lumbar disc degeneration and lumbosacral radiculitis. According to progress note of February 27, 2015, the injured workers chief complaint was back pain. The injured worker stated the pain was constant and moderate in severity. The symptoms were aggravated by pushing, vacuuming and sweeping. The physical exam noted severe tenderness with palpation to the lower lumbar area with moderate decrease in range of motion. The bilateral straight leg raises were negative. The left and right facet load test (Kemps test) was positive. The treatment plan included prescription renewals for Zanaflex and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine); muscle relaxant Medications for chronic pain Page(s): 66, 60.

Decision rationale: The patient was injured on 07/24/08 and presents with back pain. The request is for ZANAFLEX 4 MG #90 WITH 2 REFILLS. The RFA is dated 02/27/15 and the patient is disabled. The patient has been taking this medication as early as 03/12/14. None of the reports provided discuss the impact Zanaflex had on the patient's pain and function. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The 08/14/14 report states that the patient has back pain which radiates to both lower extremities, into both buttocks and down the right leg. Severe tenderness is present at the lower lumbar spine, lumbar spine range of motion is moderately decreased, and Kemps test is positive on the right and left. The patient is diagnosed with back pain, trochanteric bursitis, and sacroilitis. On 07/01/14, the patient rates her pain as a 5/10 and on 08/13/14, 08/14/14, and 02/19/15, the patient rates her pain as an 8/10. The treater does not specifically discuss efficacy of Zanaflex on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Zanaflex IS NOT medically necessary.

1 prescription of Cymbalta 60mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 16-17, 60.

Decision rationale: The patient was injured on 07/24/08 and presents with back pain. The request is for CYMBALTA 60 MG #30 WITH 3 REFILLS. The RFA is dated 02/27/15 and the patient is disabled. The patient has been taking this medication as early as 03/12/14. None of the reports provided discuss the impact Cymbalta had on the patient's pain and function. For Cymbalta, the MTUS guidelines page16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." The 08/14/14 report states that the patient has back pain which radiates to both lower extremities, into both buttocks and down the right leg. Severe tenderness is present at the lower lumbar spine, lumbar spine range of motion is moderately decreased, and Kemps test is positive on the right and left. The patient is diagnosed with back pain, trochanteric bursitis, and sacroilitis. On 07/01/14, the patient rates her pain as a 5/10 and on 08/13/14, 08/14/14, and 02/19/15, the patient rates her pain as an 8/10. The treater does not specifically discuss efficacy of Cymbalta on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Cymbalta IS NOT medically necessary.

