

Case Number:	CM15-0049758		
Date Assigned:	03/23/2015	Date of Injury:	04/15/2003
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 59 year old male, who sustained a work/ industrial injury on 4/15/03. He has reported initial symptoms of back pain and spasm. The injured worker was diagnosed as having chronic pain syndrome, post laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, dysesthesia, lumbar facet joint pain, sacrolitis, and fibromyositis. Treatments to date included medication and conservative measures. Currently, the injured worker complains of low back pain and right sided spasms. The treating physician's report (PR-2) from 2/17/15 indicated there was dysesthesias in bilateral plantar surface of feet, lumbar flexion was 100%, extension to 60%, lateral bending at 80%, straight leg raise (SLR) was positive on the left, tender with palpation over the right paraspinal muscles and ligaments at the L2-5 level. There is marked spasm at the same site, which is moderate on this exam. Medications included Norco, Voltaren gel, Xanax, and Ibuprofen. Treatment plan included Voltaren topical gel 1% and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren topical gel 1%, one tube use four times daily with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 59 year old male with an injury on 04/15/2003. He has post laminectomy syndrome and chronic back pain. MTUS, Chronic Pain guidelines note that topical analgesics are supported by few randomized controlled trials and results are inconsistent. Specifically for Voltaren topical gel 1%, the FDA has not approved the use of this medication for the treatment of back pain. It is not medically necessary for this patient.

Zanaflex 4 mg twice a day #60: Upheld

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

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

Decision rationale: The patient is a 59 year old male with an injury on 04/15/2003. He has post laminectomy syndrome and chronic back pain. MTUS, Chronic Pain guidelines do not recommend long term use of muscle relaxants. This medication can decrease mental and physical abilities. Zanaflex is not medically necessary for this patient.