MAXIMUS Federal Services

Case Number:	CM15-0057990		
Date Assigned:	04/17/2015	Date of Injury:	11/26/2013
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/26/2015

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 York, West Virginia, Pennsylvania
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 63 year old male, who sustained an industrial injury on November 26, 2013. He reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbago and lumbar strain/sprain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, a back brace, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to bilateral lower extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Surgical intervention was discussed however it was noted surgery would be held off secondary to recent hearty surgery. Evaluation on October 15, 2014, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, QTY: 60, take by mouth, 1 tablet four times a day: 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.

Decision rationale: Guidelines state that muscle relaxants show no benefit beyond NDAIDs in pain and overall improvement and efficacy diminishes over time (2-3 weeks). Muscle relaxants are not recommended for long term use. In this case, there is no documentation of spasticity or that the patient is experiencing an acute exacerbation of symptoms. The request for Zanaflex 4 mg #60 is not medically appropriate and necessary.

Flurbiprofen Cream, QTY: 2, rub in the areas of pain for pain reduction and anti-inflammatory twice a day: 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.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed. In this case, the documentation does not describe failure of antidepressants and anticonvulsants. The request for Flurbiprofen Cream #2 is not medically appropriate and necessary.

Lidocaine Patches, QTY: 30, 12 hours on and 12 hours off for dyesthesia: 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.

Decision rationale: Guidelines state that topical agents are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants fail. In this case, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, the patient has been utilizing this medication without documentation of functional improvement. The request for Lidocaine patches is not medically appropriate and necessary.