MAXIMUS Federal Services

Case Number:	CM13-0068892		
Date Assigned:	01/03/2014	Date of Injury:	09/05/2002
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Managementhas a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year-old male with a 9/5/2002 industrial injury claim. According to the 11/6/13 neurology report from [redacted], the patient presents with chronic neck and back pain. He has been diagnosed with close head injury and PTSD with features of axneity, depression and difficulty sleeping; cervical disc disease; lumbar disc disease; history of fluctuating hypertension. He has been using Zanaflex 4mg bid, and ibuprofen 600mg bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600MG #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The patient presents with neck and back pain. I have been asked to review for ibuprofen. The records show that the patient had been on ibuprofen since 6/26/13. The 9/4/13, 10/2/13, 11/6/13 and 12/18/13 reports from [redacted] were reviewed for any discussion on efficacy of the ibuprofen. There was no indication that the medication has made

any difference in the patient's condition. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states,"When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of ibuprofen MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 600mg is not medically necessary.

ZANAFLEX 4MG #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antipasmodic Page(s): 66.

Decision rationale: The patient presents with neck and back pain. I have been asked to review for Zanflex. The records show tha/t the patient had been on Zanaflex since 6/26/13. The 9/4/13, 10/2/13, 11/6/13 and 12/18/13 reports did not provide any discussion on efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states,"When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications (ibuprofen or Zanaflex) the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of ibuprofen MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg is not medically necessary.