

Case Number:	CM14-0160245		
Date Assigned:	10/03/2014	Date of Injury:	08/24/1999
Decision Date:	11/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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:

This is a 59 year-old male with an 8/24/99 date of injury. The patient was seen on 9/3/14 with complaints of low back pain with radiation down the left leg. He was noted to be using Norco which works well for his pain, as well as a TENS unit. His other medications include Nabumetone 500 mg BID, Zanaflex 4 mg 2 tabs QHS PRN, Colace, Provigil, Senna, and Zoloft, which are noted to work well for his pain. The patient is able to walk 3 blocks, sit for 1.5 hours, and stand for 1 hour with his medications. Exam findings revealed loss of normal lordosis, positive straight leg raise on the left, tenderness over the left SI joint, paravertebral muscle spasms, as well as paraspinal tenderness. The diagnosis is post laminectomy syndrome, chronic back pain, and Lumbar Disc Disorder. Treatment to date: medications, TENS unit, surgery, SI joint injection, LESI an adverse determination was received on 9/19/14 given there was no evidence of functional improvement on Nabumetone. With regard to Zanaflex, the request was for 5 refills and this was noted to exceed the MTUS guidelines for muscle relaxant use. In addition, it was noted the patient should have been weaned off this medication by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. This patient's pain is on Narcotics for pain control, as well as Nabumetone, an NSAID. His medications work well for his pain and provide him with the ability to walk, sit, and stand. Given his ability to be somewhat functional on his medications, the use of an NSAID is reasonable in this case. Therefore, the request for Nabumetone 500mg #60 was medically necessary.

Zanaflex 4mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain; Zanaflex. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary, Non-Sedating Muscle Relaxants

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been on this medication at least since July of 2014. It is not clear that there have been any significant changes in exam findings with this medication. This medication is not meant for long-term chronic use. In addition, the rationale for 5 refills is unclear. Therefore, the request for Zanaflex 4mg #60 with 5 refills was not medically necessary.