

<b>Case Number:</b>	CM14-0183090		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/31/2002
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopedic Surgeon and is licensed to practice in Georgia & South Carolina. 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 injured worker is a 46-year-old male who reported an injury on 05/31/2002. The mechanism of injury was due to bending over. His diagnoses included artificial disc replacement of lumbar spine at L5-S1, paraparesis with inability to stand and walk, severe radiculopathy of bilateral lower extremities, carpal metacarpal arthrosis of the bilateral thumbs, triggering and locking of the right ring finger and chronic pain syndrome. His diagnostic studies included Doppler exam of the lower extremities on 05/22/2014, a 2D echo on 07/14/2014, and a pulmonary CT scan on 09/11/2014. His surgical history included disc replacement surgery in 04/2009, and an L4-5 fusion in 11/2012. On 07/15/2014, he underwent a revision of the back surgeries previously listed and the second operation was performed on 07/18/2014 to complete that revision. His past treatments have included physical therapy. On 07/14/2014, he had complaints of lower chest pain without any radiation, and chronic back pain. He has physical exam findings on 07/14/2014 included sinus tachycardia with a heart rate of 110. His medication last included MS Contin, Dilaudid, Zanaflex, docusate, and Zantac. His treatment plan includes continuing the pain medication. The rationale for the request is not included in the medical records. The Request for Authorization form is signed and dated 10/14/2014 in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63-66.

**Decision rationale:** The injured worker has an extensive history of intractable pain and lumbar disc fusions and revisions. The California MTUS Guidelines for muscle relaxers states that muscle relaxers are recommended with caution as a secondary line option for short term treatment of acute exacerbations in patients with chronic lower back pain. The efficacy of the medication appears to diminish over time. Zanaflex is antispasticity/ antispasmodic medication. The injured worker has been taking Zanaflex since at least 07/26/2014. Documentation in the medical records does not include assessments on how well this medication is working and if a first line option treatment had been attempted at first. Complete dosing instructions are not included in the request. The request is not supported by the documentation in the medical records. Therefore, the request is not medically necessary.

**Duloxetine 60mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The injured worker has an extensive history of intractable pain and lumbar disc fusions and revisions. The California MTUS Guidelines state that using antidepressants for chronic pain is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. SSRI's have not been effective for low back pain and SNRIs have not been evaluated for this condition. A systematic review of chronic low back pain have indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back and short term pain relief. Tricyclic antidepressants have been shown in both analyses, review to be effective, and are considered a first line treatment for neuropathic pain. The documentation submitted for review does not indicate the effectiveness of this medication on his chronic low back pain. There was no quantifiable documentation regarding the pain relief, including a detailed assessment with the current pain on the VAS. Additionally, there was a lack of documentation regarding adverse effects of this medication and the documentation does not include any improved function in his ability to perform his activities of daily living or any adverse side effects. Moreover, the request as written does not include complete dosing information. In the absence of this documentation, the ongoing use of duloxetine is not supported by the guidelines. As such, the request is not medically necessary.