

Case Number:	CM14-0185335		
Date Assigned:	11/14/2014	Date of Injury:	03/31/2005
Decision Date:	12/16/2014	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation 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:

43 years old male claimant sustained a work injury on 3/31/05 involving the mid and low back. He was diagnosed with lumbar radiculopathy, L5-S1 spondylolisthesis and stenosis. He underwent an L4-L5 fusion. He had been on Percocet, Zanaflex and Dilaudid for pain and muscle relaxation since April 2014. A progress note on September 12, 2014 indicated the claimant had 9/10 pain. Exam findings were notable for decreased range of motion of the lumbar spine, decreased sensation in the L3-L5 region and tenderness in a paralumbar region. A progress note on October 15, 2014 indicated the claimant had increased pain to 9/10 pain. Exam findings were notable for a positive straight leg raise test on the right side. There were no abnormal psychiatric features. He was maintained on Cymbalta, Zanaflex, Prilosec, Oxycontin, Percocet and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 13-14.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. The continued use is not supported by any evidence and is not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycontin is used for chronic pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Oxycontin along with Percocet for several months with increasing pain scale and no improvement in physical findings. The continued use of Oxycontin is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Oxycontin along with Percocet for several months with increasing pain scale and no improvement in physical findings. The continued use of Percocet is not medically necessary.

Zanaflex 4mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 68.

Decision rationale: According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Zanaflex for over 6 months with persistent symptoms. Continued and chronic use of Zanaflex is not medically necessary.