

Case Number:	CM14-0099560		
Date Assigned:	07/30/2014	Date of Injury:	04/21/2004
Decision Date:	06/26/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/29/2014

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. 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: California

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 49 year old male who sustained an industrial injury on April 4, 2004. He has reported lower back pain and has been diagnosed with Post laminotomy pain syndrome, status post L4-5 and L5-S1 microdiscectomy with persistent residuals and epidural granulation, status post failed percutaneous spinal cord stimulation trial, left hip internal derangement, status post left hip arthroscopy for labral tear with persistent residuals, left sacroiliitis, left piriformis syndrome, and chronic pain syndrome. Treatment has included medications, rest, surgery, injection, and a spinal cord stimulator trial. The injured worker appeared to be in moderate pain. He was cane assisted with a lumbar support brace. He had diffuse severe tenderness throughout the lumbar region, positive piriformis tenderness of his S1 joint sulcus, positive straight leg raise bilaterally and decreased range of motion of the lumbar spine secondary to pain. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #90: 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 Page(s): 63-66.

Decision rationale: The requested Zanaflex 4mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic low back pain. He was cane assisted with a lumbar support brace. He had diffuse severe tenderness throughout the lumbar region, positive piriformis tenderness of his S1 joint sulcus, positive straight leg raise bilaterally and decreased range of motion of the lumbar spine secondary to pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg, #90 is not medically necessary.

Cymbalta 20mg, #90: 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 requested Cymbalta 20mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has chronic low back pain. He was cane assisted with a lumbar support brace. He had diffuse severe tenderness throughout the lumbar region, positive piriformis tenderness of his S1 joint sulcus, positive straight leg raise bilaterally and decreased range of motion of the lumbar spine secondary to pain. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 20mg, #90 is not medically necessary.

Senokat-S #60: 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 Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Senokat-S #60, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that prophylactic treatment of constipation should be initiated. The injured worker has chronic low back pain. He was cane assisted with a lumbar support brace. He had diffuse severe tenderness throughout the lumbar region, positive piriformis tenderness of his S1 joint sulcus, positive straight leg raise bilaterally and decreased range of motion of the lumbar spine secondary to pain. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Senokat-S #60 is not medically necessary.

Lunesta 3mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Eszopicolone (Lunesta), Insomnia treatment.

Decision rationale: The requested Lunesta 3mg, #30, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The injured worker has chronic low back pain. He was cane assisted with a lumbar support brace. He had diffuse severe tenderness throughout the lumbar region, positive piriformis tenderness of his S1 joint sulcus, positive straight leg raise bilaterally and decreased range of motion of the lumbar spine secondary to pain. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 3mg, #30 is not medically necessary.