

Case Number:	CM15-0117501		
Date Assigned:	06/25/2015	Date of Injury:	08/13/1998
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 71-year-old female sustained an industrial injury on 8/13/98. She subsequently reported low back pain. Diagnoses include lumbar post laminectomy syndrome. Treatments to date include x- ray and MRI testing, back surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, the midline back surgical incision was well healed. Range of motion of the lumbar spine was reduced and painful. Sensation was intact to touch in the lower extremities bilaterally. A request for Zanaflex, Celebrex and Ranitidine medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is post laminectomy syndrome lumbar. The date of injury is August 13, 1998. The earliest progress note in the medical record dated November 13, 2014 shows the injured worker presented for refills of ranitidine, Celebrex and tramadol. The most recent progress note is dated May 14, 2015 (request for authorization dated May 22, 2015). Injured worker has ongoing low back pain. The injured worker is taking the same medications. The treating provider prescribed Zanaflex at that time for spasm. Symptoms have recently worsened. There is no review of systems, co-morbid conditions or past medical history indicative of ulcers disease, gastroesophageal reflux for dyspepsia. Zanaflex was started February 5, 2015. The guidelines recommend Zanaflex for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, Zanaflex is recommended for short-term (less than two weeks). The treating provider has continued Zanaflex in excess of three months without documentation demonstrating objective functional improvement. Consequently, absent clinical documentation of acute low back pain or an acute exacerbation of chronic low back pain and continued use in excess of the recommended guidelines for short-term use (less than two weeks) and no compelling clinical facts to support ongoing Zanaflex, Zanaflex 4mg #30 is not medically necessary.

Celebrex 200 mg, sixty count: 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX 2 nonsteroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnosis is post laminectomy syndrome lumbar. The date of injury is August 13, 1998. The earliest progress note in the medical record dated November 13, 2014 shows the injured worker presented for refills of ranitidine, Celebrex and tramadol. The most recent progress note is dated May 14, 2015 (request for authorization dated May 22, 2015). Injured worker has ongoing low back pain. The injured worker is taking the same medications. The treating provider prescribed Zanaflex at that time for spasm. Symptoms have recently worsened. There is no clinical rationale in the medical record for Celebrex. There are no risk factors for cardiovascular entities prohibiting the use of nonselective nonsteroidal anti-inflammatory drugs such as ibuprofen or naproxen. Consequently, absent clinical

documentation with clinical indication and rationale for nonselective nonsteroidal anti-inflammatory drugs, Celebrex 200 mg #60 is not medically necessary.

Ranitidine 150 mg, thirty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

Decision rationale: Pursuant to Medline plus, Ranitidine 150 mg #30 is not medically necessary. Ranitidine is an H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. For additional details see the attached link. In this case, the injured worker's working diagnosis is post laminectomy syndrome lumbar. The date of injury is August 13, 1998. The earliest progress note in the medical record dated November 13, 2014 shows the injured worker presented for refills of ranitidine, Celebrex and tramadol. The most recent progress note is dated May 14, 2015 (request for authorization dated May 22, 2015). Injured worker has ongoing low back pain. The injured worker is taking the same medications. The treating provider prescribed Zanaflex at that time for spasm. Symptoms have recently worsened. There is no review of systems, co-morbid conditions or past medical history indicative of ulcers disease, gastroesophageal reflux for dyspepsia. The documentation does not contain a clinical indication or rationale for the ongoing use of ranitidine 150 mg. Consequently, in the absence of co-morbid conditions or past medical history with ulcers disease, gastroesophageal reflux for dyspepsia and a clinical indication or rationale for its use, Ranitidine 150 mg #30 is not medically necessary.