

Case Number:	CM15-0119739		
Date Assigned:	06/30/2015	Date of Injury:	07/23/2007
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male, who sustained an industrial injury on 7/23/2007. Diagnoses have included chronic lumbar disc bulge with bilateral lower extremity radiculopathy, thoracic spine sprain and left shoulder sprain. Treatment to date has included left shoulder cortisone injections and medication. According to the progress report dated 5/29/2015, the injured worker complained of squeezing pain in both buttocks. He complained of increased low back pain with sitting and difficulty getting up. There was radiation of pain to the bilateral lower extremities. He rated his back pain 8/10. He complained of left shoulder pain rated 7/10. The injured worker appeared to be depressed and was grimacing in pain. Gait was antalgic. Authorization was requested for Zanaflex and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2007. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 4 mg #60 1 refill is not medically necessary and appropriate.

Tylenol #3, #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tylenol #3, #60 1 refill is not medically necessary and appropriate.