

Case Number:	CM15-0129049		
Date Assigned:	07/15/2015	Date of Injury:	07/21/2005
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male, who sustained an industrial injury on July 21, 2005. The injured worker reported moving a heavy pallet of product with a co-worker by hand with the injured worker noting a severe onset of pain to the low back upon lifting the pallet. The injured worker was diagnosed as having multi-level degenerative disc disease to the lumbar spine, prominent disc herniation at lumbar four to five with extrusion of disc fracture in the cephalad and caudad direction, asymmetrical disc collapse at lumbar three to four with resultant degenerative scoliosis to the right and torsion deformity with the most prominent at the lumbar three vertebra, disc protrusion at lumbar five to sacral one, left lower extremity lumbar radiculopathy, status post lumbar four to five laminotomy and discectomy, and status post right total knee arthroplasty. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, above noted procedures, and x-rays of the lumbar spine. In a progress note dated May 21, 2015 the treating physician reports complaints of ongoing pain to the low back and left foot. Examination reveals decreased range of motion to the lumbar spine with pain and tenderness to the lumbar paraspinal muscles. The injured worker's current medication regimen included Mobic, Zanaflex, Zantac, and Lisinopril. The injured worker's pain level was rated a 7 out of 10 without his medication regimen and the pain level was noted to be a 5 out of 10 with the use of his medication regimen. The treating physician also notes that the injured worker can tolerate activities and maintain a certain level of function with the use of the injured worker's current medication regimen. The treating physician requested the medications of Mobic 7.5mg with a quantity of 30 with 3 refills and the medication of Zanaflex 4mg with a quantity of 30 with 3 refills for severe spasms with the treating physician noting that the injured worker's medication regimen decreases the injured worker's pain and improves his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, (2) NSAIDs, specific drug list & adverse effects Page(s): 68, 72.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for low back and left foot pain. When seen, he was having ongoing difficulty. Pain was rated at 7/10 without medications and 5/10 with medications. Medications are referenced as allowing him to continue his current level of function with improved activity tolerance. Physical examination findings included significantly decreased and painful lumbar spine range of motion. There was bilateral lumbar paraspinal muscle tenderness. Mobic, Zantac, and Zanaflex were prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. The claimant is being treated for both of these diagnoses. In this case, the claimant is over age 65. Guidelines recommend prescribing a selective COX-2 medication such as Mobic (meloxicam). The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. In this case, the dose prescribed is consistent with that recommended. The request was medically necessary.

Zanaflex 4mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for low back and left foot pain. When seen, he was having ongoing difficulty. Pain was rated at 7/10 without medications and 5/10 with medications. Medications are referenced as allowing him to continue his current level of function with improved activity tolerance. Physical examination findings included significantly decreased and painful lumbar spine range of motion. There was bilateral lumbar paraspinal muscle tenderness. Mobic, Zantac, and Zanaflex were prescribed. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.