

Case Number:	CM15-0178644		
Date Assigned:	09/18/2015	Date of Injury:	05/31/2013
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old female who sustained an industrial injury on 05-31- 2013. According to a progress report dated 08-12-2015, the injured worker reported numbness and tingling in both hands. She also reported low back pain with radiation down the bilateral lower extremities. She was currently not working. Current medications included Tramadol two times per day for pain, Zanaflex two times per day for muscle spasm, Anaprox three times per day for pain and inflammation and Tylenol with Codeine #3 one at night for pain. Overall, the injured worker noted functional improvement and improvement in pain with her current medication regimen. Pain was rated 7 on a scale of 1-10 with use of her medications. Without pain medication, pain was rated 10. She noted improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of her current medication usage. She also reported better sleep with Tylenol #3. There were no previous progress reports submitted for review. The records do not indicate how long the injured worker had been taking these medications. Objective findings included tenderness midline lumbar spine and bilateral low back, greater on the right. Straight leg raise was positive bilaterally. Active range of motion of the lumbar spine was decreased with flexion, extension and lateral bending. Diagnoses included herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, lumbar facet arthropathy and lumbar myofascial pain. Prescriptions were given for Tramadol 50 mg #80, Anaprox 550 mg #60, Tylenol with Codeine 30-300 mg #25 and Zanaflex 4 mg #90 with no refills for each. A urine drug screen was to be performed at the next visit. There were no urine drug screen reports submitted for review. An opioid treatment agreement was reviewed and agreed upon by the

injured worker. The injured worker was instructed to remain permanent and stationary. On 08-21-2015, Utilization Review non-certified the request for Anaprox 550 mg #60, Zanaflex 4 mg #90 and certified the request for Tramadol 50 mg #80. On 09-25-2015, Utilization Review approved Tramadol. Zanaflex remained denied. The medication list includes Tylenol#3, Tramadol, Zanaflex and Anaprox. Per the note dated 9/9/15 the patient had complaints of low back pain and muscle spasm with radiation of pain in lower extremities with numbness and tingling at 9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, muscle spasm and positive SLR. The patient has had MRI of the lumbar spine on 5/12/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Diagnoses included herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, lumbar facet arthropathy and lumbar myofascial pain. Patient had received lumbar ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Anaprox belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Anaprox for this injury. Per the note dated 9/9/15 the patient had complaints of low back pain and muscle spasm with radiation of pain in lower extremities with numbness and tingling at 9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, muscle spasm and positive SLR. The patient has had MRI of the lumbar spine on 5/12/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. She noted improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of her current medication usage. NSAIDs like Anaprox are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Anaprox 550mg #60 is deemed medically appropriate and necessary in this patient.

Zanaflex 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." Per the note dated 9/9/15 the patient had complaints of low back pain and muscle spasm with radiation of pain in lower extremities with numbness and tingling at 9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, muscle spasm and positive SLR. The patient has had MRI of the lumbar spine on 5/12/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. She noted improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of her current medication usage. There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The request for Zanaflex 4mg #90 is medically appropriate and necessary in this patient at this time.