

Case Number:	CM15-0029824		
Date Assigned:	02/23/2015	Date of Injury:	04/26/2001
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 year old male injured worker suffered and industrial injury on 4/26/2001. The diagnoses were chronic pain syndrome, lower back pain, spinal enthesopathy and fasciitis. The treatments were medications and TENS. The treating provider reported pain in the lower back and tailbone that is dull, aching, throbbing and sharp 8/10 with medications and 10/10 without medications. On exam there was tenderness in the cervical, thoracic and lumbar spine. The Utilization Review Determination on 1/21/2015 non-certified: 1. Actiq 400 mcg #120. 2. Zanaflex 4 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 400 mcg #120: 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 Page 12, Actiq, Fentanyl Lollipop Page(s): 12.

Decision rationale: The requested Actiq 400 mcg #120 , is not medically necessary. CA MTUS Chronic Pain Guidelines. Page 12, Actiq, Fentanyl Lollipop, note "Not recommended for musculoskeletal pain." The injured worker has pain in the lower back and tailbone that is dull, aching, throbbing and sharp 8/10 with medications and 10/10 without medications. On exam there was tenderness in the cervical, thoracic and lumbar spine. The treating physician has not adequately documented failed first-line opiate therapy, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Actiq 400 mcg #120 is not medically necessary.

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

Decision rationale: The requested Zanaflex 4 mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, 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 pain in the lower back and tailbone that is dull, aching, throbbing and sharp 8/10 with The treating physician has not documented 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 4 mg #90 is not medically necessary.