MAXIMUS Federal Services

Case Number:	CM15-0072408		
Date Assigned:	04/22/2015	Date of Injury:	02/10/2014
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/15/2015

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: Arizona, 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 35 year old male who sustained an industrial injury on 02/10/2014. Current diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, lumbar sprain/strain, and lumbar facet osteoarthritis. Previous treatments included medication management, physical therapy, chiropractic therapy, and home exercises. Initial complaints included low back pain and leg pain. Report dated 03/25/2015 noted that the injured worker presented with complaints that included low back pain, bilateral leg pain, and bilateral heel pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continuing with conservative treatment, request authorization for continued coverage of medication maintenance regimen, request for nerve root block, and follow up in one month. Disputed treatments include Percocet and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been opioids intermittently for over a year. A progress note on 4/8/14 indicated the claimant had no improvement with Oxycodone, Hydrocodone, Flexeril and Baclofen. There was no mention of Tricyclic failure. The conflicting information regarding pain control with opioids and its long-term use predicated the lack of medically necessity for continued Percocet use. The request, therefore, is not medically necessary.

Zanaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Zanaflex 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months (including Flexeril and Baclofen) . Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.