

Case Number:	CM13-0021035		
Date Assigned:	11/08/2013	Date of Injury:	07/16/1998
Decision Date:	06/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year-old male with date of injury 07/16/1998. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 08/20/2013, lists subjective complaints as chronic low back pain. Patient has a surgical history of a lumbosacral fusion and a spinal cord stimulator implantation. Objective findings: Examination of the lumbar spine revealed spasm, limited range of motion as well as painful range of motion. There was motor weakness bilaterally at quads a 4/5. Decreased sensation bilaterally at L4-5. Pain bilaterally, right greater than left at L4 level. Negative straight leg raising bilaterally and negative Lasegue bilaterally. Diagnosis: 1. Status post spinal cord stimulator removed. 2. Status post lumbar fusion. 3. Lumbar discogenic disease. 4. Chronic low back pain. 5. Status post spinal cord stimulator implantation with post implantation significant discomfort. An MRI of the lumbar spine dated 12/12/2012 noted multiple pathologies, but for the purpose of this report there were spondylitic changes throughout the lumbar spine and degenerative endplate changes at L1-2, L2-3, and L4-5. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 02/04/2013. The medications to date include Anaprox DS, Zanaflex and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS: Overturned

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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Spondylosis of the lumbar spine is an indication for treatment with NSAIDs. The patient has marked and diffuse degenerative changes throughout his lumbar spine. The request for Anaprox DS is medically necessary.

ZANAFLEX 4MG: 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 63.

Decision rationale: The patient has been taking Zanaflex since at least February of 2013. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time therefore, the request is not medically necessary or appropriate.

RESTORIL 30MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), BENZODIAZEPINES.

Decision rationale: The patient has been taking Restoril at night since at least February 2013. The Official Disability Guidelines (ODG) does not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks therefore, the request is not medically necessary or appropriate.