

Case Number:	CM14-0155845		
Date Assigned:	10/06/2014	Date of Injury:	05/30/2003
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61-year-old man who sustained a work related injury on May 30, 2003. Subsequently, he developed chronic back, neck, and shoulders pain. In 2011, the patient underwent a left shoulder surgery. According to a progress report dated August 25, 2014, the patient continued complaining of the same neck, bilateral shoulder, and arm pain with no change in distribution. The patient reported his current medication regimen keeps him functional with his ADL's and seems to manage his pain. The patient reported that the average pain without medications is a 10/10. With the medications 2-3/10. During his August 25, 2014 visit, the patient rated his pain at a 4/10. Physical examination revealed decreased lumbar range of motion. Patient had decreased strength in the right lower extremity. Sensation to pin was decreased right L4 and right L5. Deep tendon reflexes in the lower extremities were decreased but equal. Tenderness was noted over the AC joint of the left shoulder and there were clear signs of impingement. Subacromial Bursitis and painful limited range of motion was noted. Review of data indicated appropriate UDS done on March 2014. The patient was diagnosed with lumbago, shoulder pain, and status post SCS implant. The provider requested authorization to use Zanaflex, Baclofen, Celebrex, Ambien and Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #60 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Tizanidine (Zanaflex, generic available).

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back or neck pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, The request for Zanaflex 6mg #60 is not medically necessary.

Baclofen 20mg #90 times 3: 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 Baclofen, Page(s): page(s) 65.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, an non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient file, he was not diagnosed with spinal cord injury or multiple sclerosis. Therefore, the request for Baclofen 20mg #90 is not medically necessary.

Celebrex 20mg #90 times 3: 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 Anti inflammatory medications, Page(s): page(s) 27-30..

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Celebrex is indicated in case of back pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. Therefore, the prescription of Celebrex is not medically necessary.

Medrol (pak) 4mg: 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) Oral corticosteroids, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to Official Disability Guidelines (ODG) guidelines, Medrol (pak) 4mg < Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain (FDA, 2013). The patient has ongoing neck, back and shoulder pain without evidence of an acute pain flare. The benefit of corticosteroids for long term pain is not clear. Therefore, the request for Medrol(pak) 4mg is not medically necessary.