

Case Number:	CM13-0006713		
Date Assigned:	12/11/2013	Date of Injury:	08/04/2011
Decision Date:	01/29/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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:

This patient is a 53-year-old male who reported an injury on 08/04/2011. Currently under consideration are requests for Norco 10/325 mg #150, Zanaflex 200 mg #60. Submitted for review is a prior peer review which indicates the patient was evaluated on 06/19/2013 by [REDACTED] who noted that the patient reported unchanged low back pain with radiation to the bilateral lower extremities and neck pain with radiation into the bilateral upper arms. The patient verbalized pain as 7/10 on average with medications and 9/10 without medications. Objectively, the patient was noted to have moderate distress and moderately reduced lumbar spine range of motion, spinal vertebral tenderness from L4 through S1, as well as lumbar and myofascial tenderness and paraspinous muscle spasms on palpation. Furthermore, the documentation submitted indicated that the patient had undergone MRI which revealed significant red flag findings in the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Page(s): 91.

Decision rationale: The CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The guidelines also state a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation submitted for review detailing effective analgesia with the use of Norco 10/325 mg. Furthermore, there is a lack of documentation indicating that the patient is able to have improved ability to complete activities of daily living with the use of the medication or to detail that any aberrant drug related behaviors or adverse side effects with the medication have been addressed. The request for Norco 10/325 mg #150 is not medically necessary and appropriate.

Zanaflex 2 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics Page(s): 66.

Decision rationale: The CA MTUS states that Tizanidine (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. One study (conducted only in females) 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. This medication may also provide benefit as an adjunct treatment for fibromyalgia. There is a lack of documentation submitted for review indicating the patient's functional response to the administration of Zanaflex. There is a lack of documentation indicating that the patient has improvement in muscle spasms or abilities to complete activities of daily living with the use of Zanaflex. While Zanaflex may be initiated for the treatment and management of the spasticity as well as low back pain, given the lack of documentation, the request for Zanaflex 2 mg #60 is not medically necessary and appropriate.