

Case Number:	CM13-0015557		
Date Assigned:	10/09/2013	Date of Injury:	07/15/2000
Decision Date:	01/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 has a subspecialty in Pain Management and is licensed to practice in California and Texas. 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:

The patient is a 46-year-old female who reported an injury on 07/15/2000. The mechanism of injury was not provided for review. The patient does have a history of surgical intervention with underlying chondromalacia. The patient also had back pain radiating into the lower extremity. The patient's medications included Norco, about 4 to 5 per day for pain, Butrans pain patch at 10 mcg/hr weekly, Zanaflex, dosage and frequency not stated, Lyrica 200 mg 3 times daily, and Flector patches, dosage and frequency not stated. It was also noted that the patient is taking Prozac for depression. Physical findings included limited range of motion of the low back, positive straight leg raising test bilaterally, positive McMurray's test of the right knee with medial joint line tenderness, and some signs of allodynia to light touch. The patient's diagnoses included low back pain and lumbar strain with lumbar degenerative disc disease, and patellofemoral syndrome. It was noted that the patient is under narcotic contract with appropriate urine drug screens. It is noted that the patient reported a 50% increase in functional improvement and pain relief as a result of taking medications. The patient's treatment plan was to continue medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex Capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Muscle Relaxants Page(s): 60 & 63.

Decision rationale: The requested Zanaflex capsules are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been taking this medication for an extended duration. California Medical Treatment Utilization Schedule recommends muscle relaxants as a second line option for short courses of treatment. Although the patient does report a 50% decrease in pain as a result of the medication schedule, the most recent clinical evaluation reported that the patient is having increasing pain. As the patient's symptoms are not well controlled and long-term use of this medication is not supported by guideline recommendations, continued use would not be indicated. As such, the requested Zanaflex capsules are not medically necessary or appropriate.

Lyrica 200mg TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic pain and Pregabalin (Lyrica®), no generic available) Page(s): 60 & 18.

Decision rationale: The requested Lyrica 200 mg 3 times a day is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends that continued use of medications for chronic pain be supported by increased functional benefit and symptom relief. The clinical documentation submitted for review does not provide specific evidence of increased functional benefit or symptom relief related to this medication. Although it is indicated that the patient reports a 50% increase in functionality and a decrease in pain, the most recent clinical evaluation provides evidence that the patient is having an increase in pain. Therefore, the functional benefit of this medication cannot be determined. As such, the requested Lyrica 200 mg 3 times a day is not medically necessary or appropriate.

Norco 10/325 #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #140 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic

pain be supported by documented functional benefit, documented symptom relief, an assessment of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been monitored for aberrant behavior by urine drug screens. Additionally, it is noted that the patient reports a 50% increase in functional capabilities as a result of her medications. However, the most recent clinical documentation submitted for review does provide evidence that the patient has had an increase in symptoms. It is reported that the patient has 8/10 pain. Reduction in pain as a result of this medication is not clearly identified. As such, the requested Norco 10/325 mg #140 is not medically necessary or appropriate.