

Case Number:	CM13-0027446		
Date Assigned:	06/06/2014	Date of Injury:	05/27/2011
Decision Date:	08/01/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old male who reported an injury on 05/27/2011. The mechanism of injury involved a fall. The current diagnoses include spinal/lumbar degenerative disc disease, lumbar radiculopathy, and knee pain. The injured worker was evaluated on 04/23/2014 with complaints of lower back pain, left leg pain, and left knee pain. The injured worker also reported activity limitation and poor sleep quality. It was noted that the injured worker's previous urine toxicology screen on 05/15/2013 and 09/11/2013 indicated the presence of alcohol. Physical examination on that date revealed restricted lumbar range of motion, hypertonicity and tenderness, positive straight leg raising on the left, positive tenderness over the sacroiliac spine, weakness in the left lower extremity, and decreased sensation over the left lower extremity. Treatment recommendations at that time included a prescription for chiropractic treatment and a referral to a spine surgeon. It was noted that the injured worker's Norco and Gabapentin prescriptions were discontinued. The injured worker was instructed to continue Ambien for sleep, Zanaflex for muscle spasm, and Cymbalta for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2 MG. # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY /ANTISPASMODIC DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the injured worker has continuously utilized Zanaflex 2 mg since 07/2013 without any evidence of objective functional improvement. The California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

NORCO 5/325 MG. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 5/325 mg. It was noted on 04/23/2014, the injured worker's prescription for Norco was discontinued secondary to positive urine toxicology screening. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary and appropriate.

AMBIEN 5 MG. # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has continuously utilized Ambien 5 mg since 07/2013. The injured worker continues to report poor sleep quality. Based on the clinical information received, the request is not medically necessary and appropriate.

NEURONTIN 300 MG. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker has utilized Neurontin 300 mg since 07/2013 without any evidence of objective functional improvement. It was also noted on 04/23/2014, the injured worker's prescription for Neurontin 300 mg was discontinued. Based on the clinical information received, the request is not medically necessary and appropriate.