

Case Number:	CM13-0032518		
Date Assigned:	12/11/2013	Date of Injury:	01/08/2009
Decision Date:	01/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine, Pulmonary Diseases 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 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 57-year-old male who reported an injury on 01/08/2009. The patient is currently diagnosed with displacement of lumbar intervertebral disc with myelopathy, chronic pain syndrome, and degenerative joint disease of the knee. The patient was evaluated by [REDACTED] on 11/05/2013. The patient reported 4/10 left hip and right knee pain. Physical examination revealed decreased and painful range of motion of the right knee, and tenderness to palpation with decreased range of motion of the left hip. Treatment recommendations included a request for authorization for Norco, Cymbalta, and Celebrex. It was noted that Zanaflex was discontinued at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed

a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, medication use, and side effects should occur. As per the clinical notes submitted, the patient was continuously utilizing this medication. Despite the ongoing use, the patient continued to report persistent pain to the right knee, low back, and left hip. The patient's physical examination continued to reveal decreased range of motion with tenderness to palpation, and painful range of motion of the right knee. Satisfactory response to treatment has not been indicated. As such, continuation of this medication cannot be determined as medically appropriate. Therefore, the request for Norco 10/325mg, #90 is non-certified.

Zanaflex 4mg, #10: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of medications in this class may lead to dependence. As per the clinical notes submitted, there is no evidence of a failure to respond to first line treatment prior to the initiation of a second line muscle relaxant. The patient does not demonstrate palpable muscle spasm or muscle tightness on physical examination that would warrant the need for a muscle relaxant. Additionally, the patient has continuously utilized this medication, and continues to report high levels of pain. Satisfactory response to treatment has not been indicated. As such, the continuation of this medication cannot be determined as medically appropriate. Therefore, the request for Zanaflex 4mg, #10 is non-certified.