

Case Number:	CM13-0041201		
Date Assigned:	12/20/2013	Date of Injury:	04/05/2012
Decision Date:	11/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational Medicine, 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 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 claimant injured her low back on 04/05/12. Hydrocodone/acetaminophen and Zanaflex are under review. She was evaluated on 09/11/13 for lower backache. Her pain was unchanged. Her activity level was the same and she was taking her medications as prescribed and stated they were working well. She presented for a 4 week follow-up visit. She had trigger point injections that gave her pain relief for 1 week. She was using Norco as needed. She appeared to be calm and in mild pain. There was no evidence of intoxication or withdrawal. She had an antalgic and slow gait. There was straightening of the lumbar spine with restricted range of motion. It was limited by pain in all directions. She had spasm, tenderness, and tight muscle bands bilaterally. Lumbar facet loading was positive bilaterally. Straight leg raise was positive on the left side sitting at 90. It is not fully described. There was a trigger point with radiating pain and a twitch response on the left side of the low back. She had mild weakness at the hips bilaterally. A urine specimen was ordered. She was to continue Norco for pain and Zanaflex for muscle spasms. She was advised to exercise daily. Trigger point injections were recommended. On 08/13/13, urine drug screen revealed no Norco was found. Trigger point injections on 07/24/13 gave her pain relief for 8 weeks. She was to continue use of a TENS unit. She had also been taught some coping skills but wasn't sure if they helped. She is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Hydrocodone/APAP 10/325 mg, #30. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Hydrocodone/APAP is unclear other than that she takes it as needed and states it helps. There is no evidence that a signed pain agreement is on file at the provider's office or that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his follow up office visits. Of note, there is no indication that the UDS on 08/13/13, described as inconsistent, was discussed with the claimant. As such, the medical necessity of the ongoing use of Hydrocodone/APAP 10/325 mg has not been clearly demonstrated.

Zanaflex 2mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary

Decision rationale: The history and documentation do not objectively support the request for the use of Zanaflex 2mg, #30. The MTUS state "muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving." Additionally, MTUS and ODG state "relief of pain with the use of

medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication.... A record of pain and function with the medication should be recorded. The medical records provided do not provide objective findings of acute spasms that have responded to this medication with resulting improved functionality. In this case, the claimant's pattern of use of this medication and the specific benefit she receives, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Zanaflex 2 mg #30 is not medically necessary.