

Case Number:	CM13-0046127		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2011
Decision Date:	03/26/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; attorney representation; muscle relaxants; unspecified amounts of chiropractic manipulative therapy and acupuncture; and extensive periods of time off of work. In a utilization review report of November 4, 2013, the claims administrator partially certified a request for Norco for weaning purposes and denied a request for Zanaflex outright, citing lack of supporting documentation. The applicant's attorney subsequently appealed. A handwritten note of December 14, 2013 is not entirely legible, difficult to follow, and notable for comments that the applicant needs refills of medications. Tenderness and limited lumbar range of motion is noted. The applicant is placed off of work, on total temporary disability, until January 28, 2014. An earlier progress note of November 30, 2013 is notable for comments that the applicant's pain complaints are getting worse. The applicant is also depressed. The applicant is again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant remains off of work, on total temporary disability. There is no evidence of reduced pain. If anything, the applicant's pain appears heightened from visit to visit. The applicant's function is likewise diminished from visit to visit. Continuing opioid therapy with Norco is not, consequently, indicated. Accordingly, the request is not certified.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines tepidly endorses usage of Zanaflex in the off-label management of low back pain, in this case, as with the Norco, the applicant has failed to affect any lasting benefit or functional improvement through prior usage of Zanaflex. The fact that the applicant is off of work, on total temporary disability, and remains highly reliant on various medical treatments, including medications, acupuncture, manipulation, etc., taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Zanaflex. Accordingly, the request remains non-certified, on independent medical review.