

Case Number:	CM13-0046916		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2002
Decision Date:	04/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice and is licensed to practice in 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 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 patient is a 57-year-old male who reported an injury on 09/10/2002. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, activity modifications, and multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented the patient had persistent bilateral knees and low back pain. The most recent physical examination included tenderness to palpation of the lumbar paraspinal musculature with spasm and guarding present. Range of motion was described as limited due to pain. Examination of the bilateral knees documented well-healed incisions with no evidence of erythema or drainage. The patient's diagnoses included multilevel discogenic pain with lumbar stenosis, bilateral total knee arthroplasties, chronic pain, and insomnia. The patient's treatment plan included continuation of medications and a right tennis elbow strap.

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 Opioids, Ongoing Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that this patient has been on opioid therapy since at least 12/2012 and was monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide a quantitative assessment of pain relief or documentation of functional benefit to support the continuation of this medication. As such, the requested Norco 10/325 mg #90 is not medically necessary or appropriate.

ZANAFLEX 4MG #60: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, page 63. California Medical Treatment Utilization Schedule does not support the long-term use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that use of muscle relaxants be limited to duration of treatment not to exceed 2 to 3 weeks. The clinical documentation submitted for review indicates the patient been on this medication since at least 12/2012. As the duration of treatment has already exceeded guideline recommendations and there are no exceptional factors noted to support extending treatment beyond guideline recommendations, continuation of this medication would not supported. As such, the requested Zanaflex 4 mg #60 is not medically necessary or appropriate.