

Case Number:	CM13-0057501		
Date Assigned:	03/03/2014	Date of Injury:	04/16/2007
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation 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 patient is a 61 year old female who was injured on 04/16/2007 while she sustained injury to her low back, neck and bilateral wrists related to performing computer work. Prior treatment history has included physical therapy, cervical ESI, lumbar ESI, trigger point injections, lumbar sympathetic block and pain psychology evaluation. Diagnostic studies reviewed include a urine drug screen dated 08/22/2013 stating the presence of marijuana has been confirmed. It was also positive for MDMA, phencyclidine, opiates, hydrocodone, hydromorphone, norhydrocodone, benzodiazepines 7-aminodiazepam and TCA's. A PR-2 dated 08/22/2013 documents the patient's present pain medications: she uses medical marijuana and has a recommendation for it. She indicates she is not dependent on her medication. If she stops her medication she will not have withdrawal with marijuana. A PR-2 dated 11/04/2013 documented the patient to have complaints of chronic pain due to her industrial injury. Her medications still work for her and she still needs them. She does not want to taper off her medication. On the pain person diagram she marks the location of her pain as being in her upper back, clavicle region, lower back, right lower arm and right posterior thigh. The pain has not changed since her last visit. Her average pain level before taking medications is 9/10 and after taking medications is 3/10. It takes 30 minutes after taking medications to get improvement and the improvement in pain last for 4 hours. Her pain is aggravated by bending, twisting, lifting, walking and sitting. Her pain is improved with using medication, resting, sitting, sleeping and avoiding strenuous activities. Her activities of daily living include house chores and cooking. Objective findings on exam reveal she ambulates with a normal gait using bilateral weight bearing and equal stride length. There are no gross musculoskeletal abnormalities. Neurological exam reveals no abnormalities. Cranial nerves are intact grossly. She has clear thinking and speech. She has a normal affect psychologically.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #200 200 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The MTUS Chronic Pain Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the PR-2 dated 11/04/2013 documents the patient presents with complaints of back pain. She indicates that with medication, her pain level decreases from 9/10 to 3/10. She is not working. She is not employed. Objective findings on exam reveal she ambulates with a normal gait using bilateral weight bearing and equal stride length. There are no gross musculoskeletal abnormalities. Neurological exam reveals no abnormalities. The medical records do not demonstrate clinical findings, diagnostics, or history that substantiates significant pain levels. The MTUS Chronic Pain Guidelines state for ongoing management, actions should include the lowest possible dose should be prescribed to improve pain and function as well as continuing review of overall situation with regard to non-opioid means of pain control. The medical reports do not demonstrate these actions have been performed. Furthermore, the urine drug screen performed on 08/22/2013 stated the presence of marijuana had been confirmed and was also positive for MDMA, phencyclidine, opiates, hydrocodone, hydromorphone, norhydrocodone, benzodiazepines 7-aminodiazepam and TCA's. It appears that the patient participates in recreational and illegal drug use, and it is not clear whether these issues have been thoroughly addressed. Given all of these factors, the request is not medically necessary and appropriate.

ZANAFLEX 4MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Recommended for a short course of therapy, Zanaflex is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not demonstrate that the patient presented with an acute exacerbation or has spasticity. Review of the patient's medical records demonstrates muscle relaxant had been prescribed on a chronic basis, which is not recommended by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.