

Case Number:	CM13-0058892		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2010
Decision Date:	05/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old female with an 8/19/10 date of injury. There is documentation of subjective Low back pain; pain referred into the buttock, hips, and lower extremity; transient numbness and tingling in the posterior thighs; and pain relief and functional improvement with current medications, although it is not optimal. Objective findings of mild-to-moderate tenderness over the lumbosacral paraspinal musculature, right greater than left; tenderness over the sacroiliac joints with positive Patrick's, positive Gaenslen's, positive ASIS distraction, and positive sacral/pelvic compression; and decreased lumbar ROM) findings. Current diagnoses are chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-5 annular tear, bilateral L5 radiculopathy, and chronic low back pain with bilateral sacroiliac joint dysfunction. Treatment to date includes medication of Norco, Zanaflex, Gabapentin, and Morphine sulfate for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10/325mg, 1 2-3 times a day as needed: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-5 annular tear, bilateral L5 radiculopathy, and chronic low back pain with bilateral sacroiliac joint dysfunction. In addition, there is documentation of treatment with Norco for over a year. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Finally, there is documentation of pain relief and functional benefit with use of Norco. The request for Norco 10/325mg, TID-BID PRN # 90 is medically necessary and appropriate.

90 Zanaflex 4mg, 1 three times a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-5 annular tear, bilateral L5 radiculopathy, and chronic low back pain with bilateral sacroiliac joint dysfunction. In addition, there is documentation of treatment with Zanaflex for over a year and pain relief and functional benefit with use of Zanaflex. However, there is no documentation of spasticity. In addition, there is no documentation of intended short-term treatment. The request for Zanaflex 4mg, BID-TID PRN #90 is not medically necessary and appropriate.

45 Gabapentin, 1/2 tablet every morning, and 1 every bedtime: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-5 annular tear, bilateral L5 radiculopathy, and chronic low back pain with bilateral sacroiliac joint dysfunction. In addition, there is documentation of treatment with Gabapentin for over a year. Furthermore, there is documentation of neuropathic pain and pain relief and functional benefit with use of Gabapentin. The request for Gabapentin, \hat{A} $\frac{1}{2}$ QAM and 1 QHS # 45 is medically necessary and appropriate.

60 morphine sulfate ER 15mg, 1 every 12 hours: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-5 annular tear, bilateral L5 radiculopathy, and chronic low back pain with bilateral sacroiliac joint dysfunction. In addition, there is documentation of treatment with morphine sulfate for over a year. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Finally, there is documentation of pain relief and functional benefit with use of morphine sulfate. The request for 60 morphine sulfate ER 15mg, once every 12 hours as needed is medically necessary and appropriate.