

Case Number:	CM14-0001686		
Date Assigned:	01/22/2014	Date of Injury:	04/20/2011
Decision Date:	03/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Spinal Surgery and is licensed to practice in New York. 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:

The patient is a 56-year-old female with the date of injury of April 20, 2011. Her injury occurred while she was pushing stainless steel animal cage and fell on her back. She complains of chronic low back pain and continued weakness in the bilateral lower extremities. She is participating in physical therapy with improvement of the pain. She reports continued pain in the low back. The patient has had previous back surgery consisting of laminectomy lumbar spine. Diagnoses include postlaminectomy radiculitis and herniated lumbar disc. On physical examination there is tenderness to palpation of the low back muscles with spasms. There is a positive straight leg raise on the left side. Motor exam shows decreased strength in the left EHL and gastrocnemius. Sensation is normal. The patient has been taking multiple medications including muscle relaxants, sleeping medication, nonsteroidal pain medication, and narcotic therapy. The medical records do not include evidence at the patient is involved in a functional restoration program for the treatment of her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 1 prescription of Norco 10/325mg QTY: 120.00: Upheld

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

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

Decision rationale: The medical records do not contain documentation of participation a functional restoration program and documentation of an increase in function and specific decrease in pain with the use of narcotic medication. Therefore, the continued use of narcotics would not be indicated as medically necessary at this time. Guidelines are not met for continued narcotic use. He remains unclear how much functional improvement the patient has with previous use of Norco.

Decision for 1 prescription of Anaprox 550mg QTY:60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Guidelines for the use of Anaprox are not met. NSAID's are recommended for only short term use. There is no evidence as to why intermittently utilized over-the-counter nonsteroidal pain medication would not be reasonable for this patient. There is no documentation the chart a specific improvement with use of Anaprox. Guidelines for longer term use of Anaprox are not met. It is also unclear whether the patient is on the lowest dose of NSAID medicine possible. Medical records do not support the continued use of Anaprox at this time

Decision for 1 prescription of Ambien 5mg QTY:30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: There is no documentation of a maintained decrease in insomnia with the use of Ambien. Furthermore, guidelines indicate that Ambien is not indicated for long-term use. Continued use of Ambien is not recommended according to guidelines at this time. The medical records documented the patient has been previously on Ambien, and long-term use is not supported by medical guidelines.

Decision for 1 prescription of Zanaflex 4mg QTY:120.00: Upheld

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

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

Decision rationale: There is no documentation of the maintained increasing functional decrease in pain with the use of Zanaflex. Zanaflex is not indicated for long-term use according to establish guidelines. Therefore, continued use of Zanaflex is not medically necessary at this time.