

Case Number:	CM14-0101889		
Date Assigned:	07/30/2014	Date of Injury:	11/16/2008
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on November 16, 2008. The mechanism of injury is noted as trying to get up from sitting on the floor. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated. Tenderness along the cervical spine with spasms and decreased range of motion. There was also tenderness and spasms along the lumbar spine and a positive right greater than left straight leg raise test. Diagnostic nerve conduction studies of the upper extremities showed mild bilateral carpal tunnel syndrome. An MRI the lumbar spine showed a disc protrusion at L5 - S1 with abutment of the exiting left L5 nerve root. There was also facet arthropathy throughout the lower lumbar spine. Postsurgical changes were noted at the L5 - S-1 level. Previous treatment includes lumbar spine surgery and oral medications. A request had been made for Hydrocodone 2.5/325 and Norflex and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS 6/03/14 Hydrocodone 2.5/325 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

Decision rationale: Hydrocodone/Acetaminophen is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Hydrocodone/Acetaminophen is not medically necessary.

RETRO DOS 6/03/14 Norflex 100 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor has his medication been prescribed for episodic usage. For these reasons this request for Zanaflex is not medically necessary.