

Case Number:	CM14-0110253		
Date Assigned:	09/19/2014	Date of Injury:	07/24/2009
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 & Rehabilitation and is licensed to practice in Texas and, Oklahoma. 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 injured worker is a 52-year-old male who reported an injury on 07/24/2009 due to an unspecified mechanism of injury. The injured worker complained of low back pain that radiated to the right lower extremity. The diagnoses included status post multilevel lumbar fusion dated 04/15/2013, exacerbation of right low back pain with spasm and identifiable trigger points, multilevel lumbar disc protrusion at the T12-L1, L3-4, L4-5, and L5-S1 measuring greater than 6 mm at the L4-5 and L5-S1 levels in combination with facet arthrosis, resulting in neural foraminal narrowing, and right L4 radicular pain. The diagnostic studies included an MRI of the lumbar spine dated 01/07/2014 that revealed a severe right foraminal stenosis bulge at the L4-5. The medications included Norco 7.5/325, Norco 10/325, Tizanidine 4 mg, and Gabapentin 600 mg. Treatments included acupuncture, massage therapy, and medication. The physical examination dated 05/09/2014 to the lower back revealed tenderness to the mid line lumbar spine, as well as significant tenderness and spasms to the bilateral paralumbar musculature. The range of motion with Flexion was 50 degrees, extension 5 degrees, right lateral flexion 10 degrees, and left lateral flexion 5 degrees. Straight leg raise was positive on the right at 50 degrees and negative on the left. The treatment included obtaining an AME report, discontinuing the Norco 10/325, refill Norco 7.5/325, and continue Tizanidine 4mg and follow-up in 1 month for reevaluation. The Request for Authorization for the Norco dated 11/22/2013 was submitted with documentation. The request for the Zanaflex was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 7.5/325 #120 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The calculated dosage of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes did not address the objective functional improvement or evidence that the injured worker had been monitored for aberrant drug behavior and/or side effects. Also, the frequency was not provided. As such, the request is not medically necessary.

Zanaflex 4MG #60: Upheld

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

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

Decision rationale: The request for Zanaflex 4MG #60 is not medically necessary. The California MTUS Guidelines recommend Tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines indicate that Zanaflex is a non-sedating muscle relaxant and it should be used for acute exacerbations. The clinical notes did not indicate that the injured worker was taking the Zanaflex for acute exacerbations. The clinical notes indicated that the injured worker is taking 4 mg 3 times a day. The request did not indicate a frequency. As such, the request is not medically necessary.