

Case Number:	CM14-0110412		
Date Assigned:	08/01/2014	Date of Injury:	04/26/1999
Decision Date:	10/07/2014	UR Denial Date:	06/12/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59 year old male who sustained an injury on 04/26/99. No specific mechanism of injury was noted in the clinical reports. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the right worse than left lower extremity. The injured worker has been previously treated with multiple sacroiliac joint injections as well as epidural steroid injections. Other treatment has included physical therapy as well as medications. The injured worker did undergo a prior lumbar fusion and has had 6 total surgical procedures. The injured worker has also had a spinal cord stimulator implanted in May of 2008 followed by explantation in August of 2009. The injured worker's medication history has included Nucynta, Gabapentin, Lyrica, Celebrex, Ibuprofen, and Naproxen. The injured worker was also being followed by psychiatry for concurrent depression and anxiety secondary to chronic pain. The injured worker did report significant functional improvement and relief with recent hip and bursal injections completed in December of 2011. The injured worker was seen on 05/29/14 for continuing complaints of low back pain radiating to the lower extremities. The injured worker's physical examination noted 3+ tenderness over the sacroiliac joints as well as positive pelvis compression signs and Gaenslen's signs. Medications were continued at this evaluation. The injured worker's prior urine drug screen reports were consistent with prescribed medications. The requested Zanaflex 4mg, quantity 120, Lorazepam 2mg, quantity 60, Lidoderm patches and Norco 10/325mg, quantity 140 were all denied by utilization review on 06/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Lorazepam 2mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Therefore, the request is not medically necessary.

Lidoderm Patches as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 54.

Decision rationale: The request is not specific in terms of quantity, frequency, or duration. The injured worker's physical examination findings did not identify any ongoing findings consistent with a neuropathic condition that would support the use of this medication. Although the injured worker has previously failed anticonvulsant and antidepressant trials without evidence of any functional improvement obtained with the use of this medication, therefore, the request is not medically necessary.

Norco 10/325mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. As there is insufficient evidence to support the ongoing use of Norco, the request is not medically necessary.