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| Case Number: | CM14-0116505 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 04/24/2009 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 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 58-year-old male with a 4/24/09 date of injury. At the time (3/19/14) of request for authorization for Norco 10/325mg #360 and Zanaflex 4mg #360, there is documentation of subjective (persistent moderate low back pain) and objective (not specified) findings, current diagnoses (chronic bilateral low back pain), and treatment to date (ongoing treatment with Norco and Zanaflex since at least 8/28/13 with increased activities of daily living). Regarding Norco 10/325mg #360, there is no 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. Regarding Zanaflex 4mg #360, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The 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 a diagnosis of chronic bilateral low back pain. In addition, given documentation of increased activities of daily living with Norco, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #360 is not medically necessary.

Zanaflex 4mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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 (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. 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. 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 a diagnosis of chronic bilateral low back pain. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of increased activities of daily living with Zanaflex, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Zanaflex. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Zanaflex since at least 8/28/13, there is no

documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #360 is not medically necessary.