

Case Number:	CM14-0116589		
Date Assigned:	08/04/2014	Date of Injury:	04/24/2009
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 58-year-old-male, who sustained an industrial injury on 04/24/2009. No mechanism of injury was mentioned. The patient states that he has intermittent radiating symptoms down the legs. He states that he walks with a cane and he is doing well with the use of norco, neurontin, wellbutrin, and zanaflex for his pain. He has a history of multiple DVT episodes, renal failure, and is currently on Coumadin. MRI dated 08/13/2009 of lumbar spine reveals multilevel degenerative disk changes with left paracentral disk protrusion at L5-S1. MRI dated 10/18/2012 of lumbar spine showed degenerative disk changes at multiple levels, particularly L4-L5, L5-S1. Bilateral foraminal stenosis noted at L4-L5 and also, at L5-S1. Diagnosis are chronic bilateral low back, s/p right L3 through L5 RF ablation on 02/17/12, left L3 through L5 RF ablation on 04/13/2012, hypertension, erectile dysfunction, depression secondary to chronic pain issues. The request for unknown weekly PT, PTT and INR lab draws has been modified to a certification of 12 weekly PT, PTT and INR lab draws between 6/11/2014 and 9/5/2014. The request for Zanaflex 4mg #360 has been modified to a 1 prescription of Zanaflex 4mg #360. The request for Norco 10/325 #360: was denied previously by UR on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Physical therapy, PTT and INR lab draws: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guideline Clearinghouse.

Decision rationale: MTUS/ACOEM/ODG guidelines do not address the issue. The injured worker, has been diagnosed with lower extremity DVT, requiring anticoagulation therapy with Coumadin. Coumadin dose adjustment mandates regular weekly blood testing (Pt, PTT, INR). According to National Guideline Clearinghouse, self-monitoring / self-dosing of anti-thrombosis are safe and effective which can be considered in selected patients. In this case however, there is no documentation of the patient's ability to perform these tests independently and accurately to avoid any risk of mismanagement. It is not clear as to why the patient cannot present at Coumadin clinic or the test cannot be performed by a visiting nurse. Therefore, the medical necessity of the request is not established.

Norco 10/325 # 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of urine drug screen in order to monitor the patient's compliance with opioid use. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. Therefore, the medical necessity for hydrocodone has not been established based on guidelines and lack of documentation.

Zanaflex 4mg # 360: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It has a hepatotoxicity side effect which require LFT monitor baseline. In this case, the medical records do not show any evidence of spasticity or significant muscle spasm requiring treatment with Tizanidine. The records indicate that the patient has been taking Zanaflex on chronic basis. In the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.