MAXIMUS Federal Services

Case Number:	CM14-0125548		
Date Assigned:	08/11/2014	Date of Injury:	11/15/2012
Decision Date:	09/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 underlying date of injury in this case is 11/15/2012. The patient's diagnoses include bilateral wrist contusions, lumbar radiculopathy, L4-5 and L5-S1 annular tear, chondromalacia patellae, and right hip degenerative joint disease. On 04/23/2014, the patient was seen in spine surgeon follow-up. The patient was pending authorization for an arthroscopy of the left knee with chondroplasty. The patient reported ongoing low back pain. Medications included Norco, Motrin, soma, Protonix, Diovan, and Lunesta. The patient was recommended to continue on her current medication as well as continued use of an H-wave unit which provided temporary improvement of her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the

four A's of opioid management, including pain relief, functional status, appropriate medication use, and side effects. The medical records do not clearly document these four A's of opioid management. The benefit, and particularly the functional benefit, of ongoing opioid use are not apparent. These guidelines have not been met. The request for Norco is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommend that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records do not provide such a discussion of this patient's gastrointestinal symptoms or a rationale for ongoing gastrointestinal prophylaxis. This request is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63, 66.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, page 63, generally recommend that muscle relaxants be used only as a second-line option for short-term treatment of patients with low back pain. The guidelines on page 66 discuss Zanaflex, indicating that this medication may be used off label for low back pain or chronic myofascial pain syndrome. Although this may be indicated at times, the use of label in this fashion would require clear documentation of the rationale and efficacy of this medication. Such details are not documented in this case. In this clinical situation, this request is not medically necessary.