

Case Number:	CM14-0127207		
Date Assigned:	08/13/2014	Date of Injury:	02/08/2009
Decision Date:	09/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old male was reportedly injured on 2/8/2009. The mechanism of injury was noted as a low back injury due to a fall. The most recent progress note, dated 5/20/014, indicated that there were ongoing complaints of low back pain with radiation to the right lower extremity. Physical examination demonstrated positive straight leg raise on right, strength 5/5 in lower extremities, reflexes 2+ and symmetrical in LE. The patient ambulated independently with a cane with a slight antalgic gait. MRI of the lumbar spine, dated 1/14/2014, showed a tear in the left posterior annulus adjacent to the left L5 nerve in the lateral recess with moderate foraminal stenosis at L4-L5, a disk/osteophyte complex, and moderate to severe foraminal stenosis at L5-S1. Electrodiagnostic studies dated 1/23/2012 showed a chronic right L5 radiculopathy. Previous treatment included tramadol ER, Norco and Zanaflex. A request had been made for Zanaflex 4 mg #60 and Norco 10/325 mg #90, which were modified for Zanaflex #30 and Norco #45 in the utilization review on 7/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Muscle Relaxants Page(s): Paages 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66 of 127.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS treatment guidelines. Therefore, this medication is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.