

Case Number:	CM14-0127879		
Date Assigned:	08/15/2014	Date of Injury:	09/25/2002
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
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 Orthopedic Surgery 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:

This is a 57-year-old male foreman who sustained a vocational injury on 09/25/02. The medical records provided for review include the report of an office visit on 05/12/14 that listed diagnoses of bilateral lumbar radiculopathy, L4-S1 disc degeneration/facet arthropathy, right distal radius fracture healed with intermittent chronic pain, and left sacroiliac joint dysfunction. The office note documents that the claimant had undergone radiofrequency ablation on 04/25/14 that failed to improve his symptoms. He complained of a left sided low back pain and pain in the left buttocks and posterior thigh to the knees. Medications included Trazodone, Percocet, OxyContin, Lisinopril, and was provided with prescriptions for Restoril and Zanaflex. On examination he walked with a normal gait and a normal heel-toe swing-through gait with no evidence of a limp. There was no evidence of weakness walking on heels or toes. He had no gross deformity with no appreciable swelling or gross atrophy of the paravertebral muscles. There was no evidence of scoliosis and there was normal lordosis. There was evidence of tenderness over the left sacroiliac joint. The claimant had 5/5 strength of the bilateral lower extremities. He had a positive Fortin sign and a positive pelvic distraction test on the left. The claimant also had a positive pelvic compression test on the left. This review is for Percocet 10/325 dispense #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Opioids: Criteria for Use: Weaning Medications Page(s): 92; 76-82; 124.

Decision rationale: The medical records included a previous Utilization Review Determination that recommended Percocet 10/325 dispense #90 so that the claimant could be provided with an opportunity to wean from the medication. According to the Chronic Pain Guidelines, prior to prescribing the medication for ongoing management there should be documentation the claimant has pain relief, increased functional status, follows appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long the opioid lasts for and how long did the pain relief last. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, and improved quality of life. The medical records do not identify that there has been a recent attempt at weaning the patient from the medication as he continues to get large amounts of narcotics on an office visit by office visit basis. There is no documentation the claimant has had a recent comprehensive pain assessment and there is no documentation of a satisfactory response to previous treatment to include narcotics prior to considering ongoing medication. The previous Utilization Review Determination recommended that half the allotted dosage of the requested medication be approved to attempt to allow the claimant to wean from the medication. Therefore, the request for Percocet 10/325 dispense #180 would not be considered medically reasonable based on the documentation presented for review.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines; Weaning of Medications Page(s): 24; 124.

Decision rationale: According to the Chronic Pain Guidelines, Benzodiazepines, of which Restoril is in the classification of, is not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. The Chronic Pain Guidelines limit use to four weeks. There is no documentation that an appropriate sleep evaluation has been performed and it appears that the request for the Benzodiazepine is for sleep disturbing symptoms. The most recent documentation presented for review failed to provide objective measurements for pain, strength, and range of motion or subjective reports of functional limitations to support the need for the medication. Subsequently, based on the documentation presented, the request for Benzodiazepine in the form of Restoril 30 mg dispense #30 is not medically necessary and appropriate.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 & 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Weaning Medications Page(s): 63, 66, 124.

Decision rationale: In regards to the third and final request for Zanaflex 4 mg dispense #60, California MTUS Chronic Pain Guidelines note that muscle relaxants can be considered with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back cases they show no benefit beyond NSAIDs in pain and overall improvement. The medical records provided for review fails to establish that the claimant has subjective complaints or abnormal physical exam objective findings or functional limitations which would support the need for the medication in the form of a muscle relaxant and subsequently Zanaflex. In addition, there is a lack of documentation the claimant has attempted, failed, and exhausted traditional first-line conservative treatment options such as formal physical therapy and antiinflammatories prior to considering a muscle relaxant for further use. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for Zanaflex cannot be considered medically necessary.