MAXIMUS Federal Services

Case Number:	CM14-0140014		
Date Assigned:	09/08/2014	Date of Injury:	01/07/2013
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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, 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:

This is a 36-year-old male patient who sustained an industrial injury on 01/07/2013 with a diagnosis of disc disorder with myelopathy (722.70). Previous treatment has included physical therapy, acupuncture, and oral medications. Requests for retrospective Zanaflex 4 mg QID #120 and retrospective Norco 10/325 mg 6-8 per day #240 for date of service 07/14/2014 was noncertified at utilization review on 08/07/14. Regarding Norco, the reviewing physician noted guidelines require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and in this case pain reduction was documented; however there was no report of functional improvement with medication use or urine drug screens to rule out any potentially a recurrent drug related behaviors. There was a lack of documentation including evidence of significant muscle spasm for which Zanaflex would be indicated and no documentation indicating how long the patient has been prescribed Norco and Zanaflex. Progress note dated 07/14/14 is provided for review and indicates the patient was frustrated secondary to the kind of service he is getting from the office. He reported he is out of medications and presented one week early. He has "a lot of pain" and nobody is doing much for it. It was noted he has been working up to 40 hours doing sedentary work. Pain level goes down to about 5/10 with the use of medications and without medications is 8+/10. Norco lasts about 3 hours when he takes them. He does not have any side effects. Current medications are Norco 10/325 mg 6-8 per day and Tizanidine 4 mg 4 times daily. It was reported Zanaflex has been helpful allowing him to control the spasm. Objective findings revealed positive straight leg raise on the right. He has sensory changes that the S1 nerve distribution on the right lower extremity. Tendon reflexes are symmetric. He had fairly good strength in both lower extremities and uses a cane to walk. MRI at of the lumbar spine performed on 07/04/13 was referenced as showing a central disc protrusion at L5-S1 abutting the descending S1 nerve roots and bilateral neural

foraminal narrowing at L5-S1. Updated MRI on 05/2014 showed left paracentral disc protrusion at L5-S1 with mild narrowing of the left foramen. Treatment plan indicated the patient gave his word he is not going to take more than what is prescribed and was given a prescription for Norco at 8 per day as well as a refill on Tizanidine. The provider is appealing the decision regarding the lumbar epidural steroid injection and is requesting authorization for a spine surgical consultation. Progress note dated 06/23/14 indicated the patient is running out of medications or any get pain control. Urine drug screen has not been checked and was to be performed on this visit. On 06/03/14 it was noted the weaning process would be started as it was felt the amount of Norco he is using is compromising his ability to handle the pain. This was reduced to 6 Norco per day. An opioid agreement dated 09/09/13 was provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Norco 10/325mg 6-8 a day #240 (DOS: 07/14/2014): 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 Opioids, criteria for use of opioids Page(s): 76-80.

Decision rationale: The California MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, the patient reports a reduction in pain from 8+/10 without medications down to 5/10 with medications. However, there is no specific functional benefit documented as a result of medication use. It is noted the patient is working part-time modified duty, yet no indication the patient would be unable to work without Norco. Although records indicate urine drug screen was performed on 06/23/14, results of this urine drug screen were not included for review to confirm medication compliance. It was also noted the patient was to begin weaning, as it was felt his high dose was affecting his ability to manage pain. It was also noted the patient frequently presented early for medication refills, having run out of medications. Objective benefit is not described in the records provided and documentation lacks a recent urine drug screen documenting appropriate medication use and lack of aberrant behaviors, and thus ongoing use of opioids would not be indicated in this case. Retrospective Norco 10/325 mg 6-8 per day #240 for date of service 07/14/2014 is not medically necessary.

Retrospective: Zanaflex 4mg QID #120 (DOS: 07/14/2014): Upheld

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

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

Decision rationale: The California MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there is no significant functional benefit noted with use of muscle relaxants. As there is no indication this patient was experiencing an acute flare-up of symptoms and was prescribed muscle relaxants on a chronic basis, ongoing use of Zanaflex was not supported by guidelines criteria. Therefore, retrospective Zanaflex 4 mg QID #120 for date of service 07/14/2014 is not medically necessary.