

Case Number:	CM14-0149788		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2012
Decision Date:	11/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Louisiana. 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 patient is a 55-year old male who was injured on 03/03/2012 when he fell over a pallet. Prior treatment history has included Norco 10/325 mg, Lidoderm patch, and Tizanidine. The patient underwent laminectomy, discectomy, foraminotomy at L5-S1 on 10/09/2014. Progress report dated 05/27/2014 states the patient noted that he was doing better with his medications. He noted he had been averaging a pain rating of 3-6/10 and is exercising on a daily basis. He was reportedly taking Norco 10/325, Lidoderm patches, and Tizanidine. On exam, there is mild tenderness in the low back. He is diagnosed with status post laminectomy, foraminotomy and discectomy at L5-S1, 10/09/2013. He was instructed to continue with his medications including Norco 10/325 mg #120, Zanaflex 4 mg #180 and Lidoderm patches #30. Prior utilization review dated 08/14/2014 states the request for Norco 10/325mg #120 is modified to certify Norco 10/325 mg #60 to allow for weaning; Zanaflex 4mg #180 is denied as there is a lack of documented evidence to support the request; and Lidoderm Patches #30 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation of functional improvement and long term use of Norco is not recommended therefore, this request is not medically necessary.

ZANAFLEX 4MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Zanaflex is a non-sedating muscle relaxant that are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. In this case, there is no documentation of relief in muscle spasm to support the necessity of this medication and long term use is not recommended therefore, this request is not medically necessary.

LIDODERM PATCHS #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with neuropathic etiology and should be used for a short-term period (no more than four weeks). Continued outcomes should be intermittently measured and if improvement does not continue, Lidoderm should be discontinued. There is no documentation of neuropathic pain symptoms or physical exam findings of radiculopathy events to support the necessity of this request therefore, it is not medically necessary.