

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0164466 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 10/02/2009 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Anesthesiology, 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:

According to the records made available for review, this is a 31-year-old female with a 10/2/09 date of injury. At the time (9/12/14) of request for authorization for Norco 10-325mg twice per day #120 (dispensed 9/12/14), Zanaflex 4mg as needed #60 (dispensed 9/12/14), Adderall 15mg twice per day #60 + 1 refill (dispensed 9/12/14), and 3-6 month authorization on all medications, there is documentation of subjective (ongoing right ankle, foot, and low back pain) and objective (tenderness over the lumbar paraspinal muscles) findings, current diagnoses (right foot and ankle pain, low back pain with degenerative disc disease, insomnia, and anxiety), and treatment to date (ongoing therapy with Norco, Zanaflex, and Adderall since at least 5/29/14). Regarding Norco 10-325mg twice per day #120 (dispensed 9/12/14), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Zanaflex 4mg as needed #60 (dispensed 9/12/14), there is no documentation of spasticity or acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Regarding Adderall 15mg twice per day #60 + 1 refill (dispensed 9/12/14), there is no documentation of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Adderall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg twice per day #120 (dispensed 9/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right foot and ankle pain, low back pain with degenerative disc disease, insomnia, and anxiety. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco since at least 5/29/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10-325mg twice per day #120 (dispensed 9/12/14) is not medically necessary.

Zanaflex 4mg as needed #60 (dispensed 9/12/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG

identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of right foot and ankle pain, low back pain with degenerative disc disease, insomnia, and anxiety. In addition, there is documentation of chronic pain. However, there is no documentation of spasticity or acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Zanaflex since at least 5/29/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg as needed #60 (dispensed 9/12/14) is not medically necessary.

Adderall 15mg twice per day #60 + 1 refill (dispensed 9/12/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20; <http://www.drugs.com/pro/adderall.html>

Decision rationale: MTUS and ODG do not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guidelines identifies documentation of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy, as criteria necessary to support the medical necessity of Adderall. Within the medical information available for review, there is documentation of diagnoses of right foot and ankle pain, low back pain with degenerative disc disease, insomnia, and anxiety. However, there is no documentation of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. In addition, given documentation of ongoing treatment with Adderall since at least 5/29/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Adderall. Therefore, based on guidelines and a review of the evidence, the request for Adderall 15mg twice per day #60 + 1 refill (dispensed 9/12/14) is not medically necessary.

3-6 month authorization on all medications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The associated requests for medications are not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 3-6 month authorization on all medications is not medically necessary.