

Case Number:	CM14-0173647		
Date Assigned:	10/24/2014	Date of Injury:	02/16/2008
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 16, 2008. Thus far, the applicant has been treated with the following medications: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; muscle relaxants; and unspecified amounts of periods of time off of work. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for Zanaflex and Norco. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated August 19, 2014, it was acknowledged that the applicant was no longer working for his employer and had not worked since 2008. It was stated that the applicant was not looking for an alternative employment. It was stated that the applicant's treating providers were seeking authorization for cervical epidural steroid injections and lumbar fusion surgery. The applicant has been placed off of work from a mental health perspective, it was acknowledged. Multifocal complaints of neck pain, shoulder pain, forearm pain, wrist pain, hand pain, thumb pain, rib pain, mid back pain, low back pain, hip pain, knee pain, ankle pain, and foot pain were noted. It was stated that fibromyalgia was suspected here. The Medical-legal evaluator suggested that the applicant was not permanent and stationary. The Medical-legal evaluator apparently endorsed the lumbar fusion surgery being proposed by the treating provider. In a handwritten note dated March 11, 2014, the applicant was placed off of work, on total temporary disability. The applicant was asked to consult a spine surgeon and/or consider epidural steroid injection therapy. Persistent complaints of low back pain were noted. The attending provider stated that the applicant was using three to four tablets of Norco daily along with three tablets of Relafen daily. The attending provider stated that the applicant's score dropped to 6/10 with medications versus 10/10 without medications. The applicant was again placed off of work, on total temporary

disability, via another progress note dated April 22, 2014. Multiple medications were refilled. The attending provider suggested, via preprinted checkboxes, that ongoing medication usage was beneficial. The note was extremely difficult to follow. In a handwritten note dated October 10, 2013, the applicant reported ongoing complaints of low back pain radiating into the lower extremities. The applicant was, once again, placed off of work, on total temporary disability, for an additional six weeks on the grounds that his pain complaints had worsened. The attending provider then stated, somewhat incongruously, that the applicant's pain complaints had reduced from 8/10 without medications to 6/10 with medications with Norco, Robaxin, and Voltaren usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg 1-2 tab po tid #120: 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 Tizanidine/Zanaflex Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant is off of work, on total temporary disability. While the attending provider has reported some decrements in pain scores with ongoing medication consumption, these are seemingly outweighed by the applicant's failure to return to any form of work and the applicant's continue dependence on opioid agents such as Norco, both of which, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Zanaflex usage. Therefore, the request is not medically necessary.

Norco 10/325mg 1 tab po qid prn for pain #120: Overturned

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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. While the attending provider has outlined some

low-grade decrements in pain scores with ongoing medication consumption, including ongoing Norco consumption, these are, however, outweighed by the applicant's failure to return to any form of work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. Accordingly, the request is medically necessary.