

Case Number:	CM14-0179897		
Date Assigned:	11/04/2014	Date of Injury:	04/06/2009
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 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:

Patient is a 33 year-old female with date of injury 04/06/2009. The medical document associated with the request for authorization is a primary treating physician's progress report, dated 10/03/2014 that lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities, right leg worse than left. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and bilateral sacroiliac joints. No other physical examination findings were documented. Diagnosis: 1. Lumbar degenerative disc disease. 2. Lumbar disc protrusion. 3. Myofascitis/cervical. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as two months. Medications: 1. Norco 5/325mg, #120 SIG: 1 QID (four times a day). 2. Zanaflex 2mg, #60 (no SIG provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 2 months. Norco 5/325mg #120 is not medically necessary.

Zanaflex 2mg #60: 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 Page(s): 63.

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 2mg #60 is not medically necessary.