

Case Number:	CM14-0182612		
Date Assigned:	11/07/2014	Date of Injury:	04/20/2011
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 April 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical compounds; unspecified amounts of physical therapy; earlier lumbar fusion surgery; and sacroiliac joint injection therapy. In a Utilization Review Report dated October 20, 2014, the claims administrator partially approved request for Norco and Zanaflex while denying naproxen outright. The applicant's attorney subsequently appealed. In a September 20, 2014 Medical-legal Evaluation, the applicant reported significantly worsening low back pain. The applicant was given a 31% whole-person impairment rating. Permanent work restriction had previously been imposed, the Medical-legal evaluator noted. The applicant did not appear to be working with said permanent limitations in place, although this was not explicitly stated. In a progress note, dated July 10, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. Ancillary complaints of hip pain were also noted. The applicant was not working, it was acknowledged, and receiving both Workers' Compensation indemnity benefits and State Disability Insurance benefits, it was acknowledged. Multiple medications were renewed, including naproxen, Norco, Norflex, and Ambien. The applicant was also using both topical flurbiprofen and topical Terocin, it was acknowledged. The applicant was using a cane to move about. In an August 14, 2014 progress note, the applicant reported heightened complaints of low back pain. The applicant was placed off of work, on total temporary disability. It was again acknowledged that the applicant was receiving both disability benefits and indemnity benefits. There was no discussion of medication selection or medication efficacy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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, it has been noted (and reiterated) on several occasions, referenced above. The applicant is receiving both Workers' Compensation indemnity benefits and State Disability Insurance (SDI). The applicant's pain complaints are heightened from visit to visit as opposed to reduced from visit to visit, the attending provider has noted on several occasions, referenced above. There was no mention of any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Zanaflex 4mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex, Functional Restoration Approach to Chronic Pain Management Page(s): 66, 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, 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, however, the applicant is off of work. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco and/or topical compounds such as Terocin and Flurbiprofen. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.