

Case Number:	CM14-0186251		
Date Assigned:	11/14/2014	Date of Injury:	03/23/2009
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/08/2014

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:

Subsequent to an injury dated 3/23/09 this 55 year old male injured worker developed chronic low back pain with an associated radiculopathy and a chronic pain syndrome. He has been treated with epidurals, physical therapy and oral analgesics. It is clearly documented that the opioid use is associated with about a 50% improvement in pain and meaningful improvements in function. No medication related aberrant behaviors are present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 150 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of opioids if there is well documented pain relief and functional support. These Guidelines standards have been met for this injured worker. The Norco 10/325 #150 with 2 refills is medically necessary.

Zanaflex 4 mg # 30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: As a general recommendation, MTUS Guidelines do not recommend the chronic use of muscle relaxants, particularly those that function due to central nervous system depression. Zanaflex can be a reasonable exception to this as it's mechanism of action is not via CNS depression and there is reasonable evidence of efficacy with chronic pain. Given the limited use and reported benefits from his medications it is reasonable to consider the Zanaflex 4mg #30 with 2 refills as medically necessary.

Xanax 0.5 mg # 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Guidelines do not support the long-term use of drugs in the Benzodiazepine class. There are no unusual circumstances to justify an exception to Guidelines. The Xanax .5mg #30 with 2 refills is not medically necessary.