

Case Number:	CM14-0021419		
Date Assigned:	05/07/2014	Date of Injury:	03/27/2010
Decision Date:	07/25/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Management 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:

This is a 37-year-old male with a 3/27/2010 date of injury. A specific mechanism of injury was not described. 2/5/14 determination was modified. Certification was given for Ultram 50mg 16hrs, prn, #90, and non-certification was rendered to hydrocodone/APAP-Norco and for Zanaflex. Non-certification of Norco was due to no support for two short acting opiates. Zanaflex was denied given that the medication did not appear to be effective in reducing the muscle spasm. 12/18/13 medical report identified pain in the back radiating to the left lower extremity. Exam revealed tenderness over the paraspinals with spasm. There was also decreased range of motion. Guidelines for the requested medication were cited. 12/10/13 medical report identified low back pain radiating to the left lower extremity. Exam revealed spasms, decreased range of motion, and decreased sensation on the left side at the L5 and S1 dermatomes. 3/10/14 medical report identifies tenderness, spasms, decreased range of motion, and decreased sensation along the L5 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP NORCO 10/325 MG Q 6-8 AS NEEDED #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 79-81 Page(s): 79-81. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: The patient had chronic pain, spasms, and L5 radiculopathy. However, given the 2010 date of injury, the duration of opiate use to date was not clear. In addition, there was no rationale for concurrent prescriptions for hydrocodone and tramadol. At the time of a previous determination there was certification of Ultram and non-certification of Norco, which appropriately continued to manage the patient's pain, while providing opportunity for weaning. There was also no discussion regarding endpoints of treatment and the records did not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates might have been appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. The request is not medically necessary.

ZANAFLEX 4 MG BID #60 WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. While the medical records document muscle spasms, these appear to be chronic in nature. There was no rationale for the continued use of tizanidine and no specific benefit for the patient from this medication. The medical necessity of the medication was not substantiated.