

Case Number:	CM14-0031367		
Date Assigned:	04/09/2014	Date of Injury:	04/25/2001
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine and is licensed to practice Arizona. 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 patient is a 57 year old female with a date of injury on 4/25/2001. Patient has diagnoses of lumbar degenerative disc disease, lumbar spine surgery, cervical spine surgery 2012, thumb surgery bilateral 2011. Subjective complaints include low back, left hip and knee pain. Physical exam shows tenderness over lumbar spine, trigger points, decreased lumbar range of motion, positive straight leg raise, and reduced sensation in right foot. Medications include Fiorinal, Nexium, Norco 10/325 four times day, and Zanaflex 4mg twice a day. The patient was previously on Butrans but the patient reported that this medication did not provide adequate pain relief and was discontinued. Documents state that patient had been on Norco for 13 years. Submitted documentation does not show evidence of functional improvement with medication, urine drug screens, or opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. In this case, there is no documentation of efficacy with prior usage, nor measurable decrease in patient's pain or increase in functional ability. Additionally, there is no documentation of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. The request for Norco 10/325 mg #120 is not medically necessary and appropriate.

ZANAFLEX 4MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California 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 of chronic pain. Zanaflex is suggested to be used for low back pain, and multiple studies have demonstrated significant decrease in pain from myofascial pain. In this case, the patient has documented muscle spasm and trigger points, which have been helped by Zanaflex. The request for Zanaflex 4 mg #60 is medically necessary and appropriate.