

Case Number:	CM14-0039576		
Date Assigned:	06/27/2014	Date of Injury:	01/14/2013
Decision Date:	08/18/2014	UR Denial Date:	02/11/2014
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 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:

This is a 33-year-old female with a 1/14/13 date of injury. The patient stated that she was carrying and twisting 25 pound boxes of almonds when she began experiencing low back pain. According to a 2/10/14 progress note, the patient stated that her condition has intensified since her last visit. She said that her ability to walk has diminished. She complained of pain and discomfort of the low back. Objective findings included tenderness to palpation to the scarum, tenderness to palpation of bilateral posterior superior iliac spine and sacroiliac joints, stiffness to palpation of right lumbar paraspinous muscles, and limited and painful range of motion of the lumbar spine. The diagnostic impression was of mechanical low back pain, lumbar degenerative disc disease, 6 mm disc extrusion at L5-S1, left lateral recess stenosis secondary to disc extrusion, possible right sacroiliitis, myofascial pain syndrome, and right lower extremity pain. Treatment to date has included medication management, activity modification, physical therapy, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to progress notes from 9/10/13 through 2/10/14, the patient has been taking Vicodin since 7/1/13, not Norco. There is documentation in only one note dated 10/2/13 that the patient is on Norco. The RFA dated 1/29/14 requested Norco. There is no rationale provided as to why the physician is requesting Norco, when documentation shows that the patient has been taking a different opioid medication. Therefore, the request is not medically necessary.

ROBAXIN 500MG #60 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no documentation in the reports reviewed that the patient has had a trial of NSAIDs. In addition, the patient has been on Robaxin since at least 9/4/13, if not earlier. Guidelines do not recommend long-term use of muscle relaxants. Furthermore, the patient is also taking another muscle relaxant, Zanaflex. Therefore, the request is not medically necessary.

ZANAFLEX 4MG #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 Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with

NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the reports reviewed, the patient has not had a trial of NSAIDs. In addition, this patient has been on Zanaflex since at least 11/27/13. Guidelines do not support the chronic use of muscle relaxants. Furthermore, the patient is also on another muscle relaxant, Robaxin. There was no rationale provided as to why the patient is currently being prescribed two different muscle relaxants. Therefore, the request is not medically necessary.