

Case Number:	CM14-0042704		
Date Assigned:	07/02/2014	Date of Injury:	12/20/2005
Decision Date:	09/25/2014	UR Denial Date:	03/30/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48-year-old female with an injury date of 12/20/2005. Based on the 03/06/2014 progress report, the patient complains of having lower back pain, left hip pain, and left leg pain. She describes the pain as being shooting, burning, and achy, and she rates the pain as being a 5/10 to 7/10. She has positive muscle spasms, numbness, tingling, and limited range of motion. She has tenderness in the lower lumbar paraspinal muscles and has less tenderness on the medial aspect of the left knee. The patient has a decreased sensation to touch in the left calf. The 01/27/2014 progress report indicates that the patient's back pain radiates to her left lower extremities and to her groin with numbness. The patient's diagnoses includes: Degenerative lumbar disk, chronic, stable; Lumbar sprain/strain, chronic, stable; Chronic pain syndrome, stable; Sacroiliac ligament sprain, chronic, stable; and Lumbar radiculitis, chronic, unstable. The utilization review determination being challenged is dated 03/30/2014. Treatment reports were provided from 11/27/2013 - 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325/mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 88, 89.

Decision rationale: MTUS Guidelines, regarding the use of Norco, state pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the 4 A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as a pain assessment where outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the physician fails to provide any changes the patient has made in her ADLs and does not provide any discussion on adverse effects, or aberrant behavior. As such, the request is not medically necessary.

Zanaflex 2mg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: Based on the 03/06/2014 progress report, the patient presents with pain in her lower back, left hip, and left leg. MTUS Guidelines state Tizanidine is FDA-approved for management of spasticity; with unlabelled use for low back pain. The 01/13/2014 report indicates that the patient will be using Zanaflex for muscle spasms. As such, the request is medically necessary.