

Case Number:	CM14-0043555		
Date Assigned:	07/02/2014	Date of Injury:	09/25/2006
Decision Date:	08/20/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 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:

55 yr. old male claimant sustained a work injury on 9/25/06 involving the low back. An EMG in 2006 showed L5 radiculopathy. He was diagnosed with an annular disc bulge on an MRI in 2007. He was diagnosed with lumbar disc disease without myelopathy. His pain had been managed with Lyrica, Tizanidine and Norco 10/325 mg since at least early 2013. A progress note on March 27, 2014 indicated the claimant had persistent back pain and leg pain. He was determined to be a candidate for lumbar fusion. Exam findings were notable for an antalgic gait. The claimant remained on 150mg of Lyrica, Hydrocodone 10 mg and Tizandine 4 mg along with Venlafaxine and Lunesta. A progress note on 6/5/2014 indicated continued low back pain. Exam findings were notable for a positive straight leg raise on the left side. Spasms and guarding were noted in the lumbar spine. He was continued on the prior medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines they are not indicated at first line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone for over a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Tizanidine - Zanaflex 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Zanaflex is a muscle relaxant. Eight studies have demonstrated efficacy for low back pain. According to the MTUS guidelines, 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant has used Zanaflex for over a year. The symptoms were persistent and there was no improvement in functionality. The continued use of Zanaflex is not medically necessary.

Lyrica 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

Decision rationale: According to the MTUS guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The claimant does not have the above-mentioned diagnoses. The claimant's pain and functionality have not significantly changed over the year of use. Continuation of Lyrica is not medically necessary.