

Case Number:	CM14-0048589		
Date Assigned:	06/25/2014	Date of Injury:	10/17/2012
Decision Date:	10/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on October 17, 2012. The mechanism of injury is noted as tripping over a vine while carrying grapes. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of low back pain with a diagnosis of a lumbar contusion. The physical examination demonstrated tenderness to palpation and stiffness of the lumbosacral spine. Diagnostic imaging studies were not presented for review. Previous treatment includes epidural and sacroiliac joint injections, multiple medications and physical therapy. A request had been made for the medications Norco and Zanaflex and was assigned a modified endorsement in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: When noting the date of injury, and the previous determination of a partial certification to initiate a weaning protocol, and that there are no records indicating such a weaning protocol has been started; tempered with the fact that as outlined in the MTUS this medication is a short acting opiate for the short-term management of moderate to severe pain, there is insufficient data presented to indicate any efficacy, utility, or reason to continue this preparation. While noting there is a chronic pain situation there is no increase functionality or ability to return to work demonstrates. Therefore, the medical necessity for the continued use has not been established.

Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

Decision rationale: As noted in the MTUS, this medication is approved for the management of spasticity however it is not labeled for the use in low back pain. When noting the diagnosis offered, the date of injury, the failure to respond and the ongoing findings of muscle spasm; there is no noted efficacy with this preparation. Furthermore, as reviewers have determined that this should be discontinued (weaned) as such, there is no medical necessity established for this medication.

Axid 300 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

Decision rationale: This medication is an H2 antagonist drug designed to overcome gastrointestinal distress. There is no clinical presentation of a G.I. disturbance or medication that would cause such a disturbance. Therefore, based on the medical records presented for review there is no clinical indication or medical necessity for this preparation.