

Case Number:	CM14-0051665		
Date Assigned:	07/07/2014	Date of Injury:	12/29/1999
Decision Date:	08/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 injured worker is a 52-year-old female who reported injury on 12/29/1999. The medication history included Zanaflex since at least 09/26/2013. The injured worker was noted to be taking opiates since at least 2011. The documentation indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens and a CURES report. The documentation of 03/21/2014 revealed the injured worker's pain was 8/10 without pain medications and 3/10 with pain medications. The diagnoses included chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and chronic pain syndrome. Prior therapies included physical therapy, surgical intervention and lumbar epidural steroid injection. The treatment plan included a refill of the medications. The documentation indicated the injured worker denied adverse reactions to the pain medications and did not exhibit aberrant drug behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325 #180: 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, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medications since 2011. There was documentation of an objective decrease in pain, documentation the injured worker is being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Percocet 10/325 #180 is not medically necessary.

1 prescription of Zanaflex 4mg #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 Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time and there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation failed to provide a necessity for 2 refills without re-evaluation. Additionally, the use of this medication would exceed guideline recommendations for usage. Given the above, the request for 1 prescription of Zanaflex 4 mg #60 with 2 refills is not medically necessary.