

Case Number:	CM14-0084211		
Date Assigned:	06/23/2014	Date of Injury:	12/11/2004
Decision Date:	08/07/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 New Jersey. 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 worker is a 52 year old female who was injured in 2004. She was diagnosed with lumbar spine pain with radiculopathy, fibromyalgia, spinal stenosis of the cervical spine, and hepatitis C. She now experiences constant lower back pain chronically. She has been treated with opioids, NSAIDs, muscle relaxants, physical therapy, ice/heat, exercises, and epidural injections. She has been visiting the pain specialist's office where they had been providing her medications for the purpose of treating her pain. On 12/2/13, the worker reported her pain level at its best at an 8/10 on average and worst at a 10/10 with the use of her medications which included Zanaflex 2 mg every night, Norco 10/325 mg five daily, and Ibuprofen 600 mg three daily. She also stated that she felt she got relief from these medications, requesting refills. She also reported dependence on others for activities of daily living regardless of their use. Also, it was noted that she was considered at a low risk of abuse, considering her opioid use. Notes from this office dated 1/2/14, 1/31/14, and 3/3/14 were essentially identical in their report of her pain level and medication use, and a repeat refill request was made for each of her medications at their then current doses and frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Zanaflex 2mg,#30; 3/3/2014: 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): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Although the worker reported some, albeit minimal relief from her combined medication use, it is unknown how much of it was from her Zanaflex use. With her overall pain reduction only reaching an 8/10 on the pain scale, and muscle relaxants not being recommended for long-term use, and without evidence of a recent flareup, the Zanaflex is not medically necessary.

Retro: Norco 10/325mg, #150; 3/3/2014: 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): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there needs to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The combined use of opioids, NSAIDs and muscle relaxants together only produced a minimal gain in the worker's pain (down to 8/10 on the pain scale), and it is unknown how much effect the Norco alone had on her pain level or function as this was not documented. It appears that this medication is not justified for long-term use if there is minimal to no functional or pain lowering benefit. Therefore, the Norco is not medically necessary.

Retro: Ibuprofen 600mg, #90 with 3 refills; 3/3/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is

used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. There is no evidence found in the documents provided that she had an acute flare up to justify its continuation. There needs to be a shift away from medications that are only appropriate for short-term use, including this one, therefore, the ibuprofen is not medically necessary.