

Case Number:	CM14-0096011		
Date Assigned:	09/26/2014	Date of Injury:	10/10/2002
Decision Date:	10/30/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery 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:

Patient is a 52 year old female with a 10/10/02 date of injury. 09/17/14 progress report states that the patient has ongoing low back pain. She has been able to do more activities of daily living due to medications. She lives alone. She has been able to start exercising again. She is cycling, walking, gardening, and interacting more with her grandchildren. There is continued radicular pain down the left lower extremity. She has had epidural steroid injections in the past that have been helpful. Medications reduce his pain from 8-9/10 to 3/10. No side effects or aberrant behavior is noted. Average pain is down to 5/10 from a previous 8/10. The patient is able to address flareups with Norco and Zanaflex in conjunction. Objective findings state "no significant change". Diagnoses: Chronic low back pain, prior history of discectomy and fusion at L5-S1 in 2004, chronic myofascial back pain, chronic neck pain from motor vehicle accident, myocardial infarction with complications of DVT, vascular surgery and infection of the thigh, 2006. Two stents placed. Status post gastric bypass in 2010. Discussion/plan section states the patient should continue Norco 10/325 #180, as well as Zanaflex 4 mg #120 with 3 refills; IMR for 6 months gym membership is also pending. The report also contains a request for left S1 transforaminal epidural steroid injection, stating that the previous injection provided 8 months of pain relief. The current request is for 1. Norco 10/325mg 6 a day #1802. Zanaflex 4mg 4 tabs daily #1203. Six month gym membership with pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 6 a day #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids

Decision rationale: The application for independent medical review dated 06/24/14 is included with the documentation and states requests for Norco 10/325 mg #180 with 4 refills. The medical necessity for this request has not been established. There should be ongoing evaluation of efficacy. The physician states that the patient now has her medications. It appears as if the patient has recently received Norco and Zanaflex. Although the physician notes improvement in pain and function, 4 refills of Norco are not supported. ODG states that Recommended Frequency of Visits While in the Trial Phase (first 6 months) is every 2 weeks for the first 2 to 4 months, then at approximate 1 to 2-month intervals. CA MTUS Chronic Pain Medical Treatment Guidelines require a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. In addition, the physician plans to perform an epidural steroid injection, which he states has been very efficient in providing pain relief. Therefore, 4 refills are not recommended.

Zanaflex 4mg 4 tabs daily #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The application for independent medical review dated 06/24/14 is included with the documentation and states requests for Zanaflex 4 mg #120, with 4 refills. The medical necessity for 4 refills has not been established. It appears as if the patient has recently started on Norco and Zanaflex. Medical documentation does not describe symptoms associated with myofascial pain. No trigger points are noted. In addition, the physician plans to perform an epidural steroid injection, which he states has been very efficient in providing pain relief. This medication can cause dependence. A prolonged use of this muscle relaxant in the form of 4 refills is not medically necessary.

Six month gym membership with pool: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back Chapter Gym Memberships

Decision rationale: There is no evidence of a documented home exercise program with periodic assessment and revision, which has not been effective and no discussion that there is a need for equipment. The physician did not document the reasons why reconditioning cannot be accomplished with a home-based program of exercise. The necessity is not established for this request.