

Case Number:	CM14-0116704		
Date Assigned:	09/16/2014	Date of Injury:	12/12/2011
Decision Date:	01/15/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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 Preventive 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:

This is a 58 year old female who suffered a work related injury on 12/12/2011. Diagnoses include lumbar discogenic pain (grade 1 to 2), spondylolisthesis at Lumbar 5-Sacral 1, and disc protrusions at Lumbar 3-Lumbar 4, Lumbar 4-Lumbar 5 per Magnetic Resonance Imaging of 4/2010. She is status post discectomy with decompression and fusion at Lumbar 5-Sacral 1 on 6/07/2013. A flexion-extension x-ray showed movement to 4 mm at Lumbar 5-Sacral 1. The injured worker continues to complain of low back pain, it is localized and non-radiating. Pain is 2 out of 10, but increases to 6-7 out of 10 if she is active. Norco was ordered for a flare up of pain with activity. Utilization Review dated 07/17/2014 non-certified the retrospective request for Zanaflex # 120 (Date of Service 06/25/2014) citing California Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines. Chronic Pain Medical Treatment Guidelines note that muscle relaxants (for pain) are recommended in certain situations. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Official Disability Guidelines recommend muscle relaxants for short term usage with duration of less than 2 weeks for treatment of acute exacerbations of low back pain. It is noted a prior Utilization Review dated 03/24/2014 indicated Zanaflex 4mg, #60 with a date of service of 03/18/2014 was certified. Utilization Review dated 07/17/2014 non-certified the retrospective request for Norco 2.5/325mg, #60 (date of service 06/25/2014) citing California Medical Treatment Utilization Schedule-Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zanaflex #120 (DOS 6/25/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and on Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain (grade 1 to 2), spondylolisthesis at Lumbar 5-Sacral 1, disc protrusions at Lumbar 3-Lumbar 4 and Lumbar 4-Lumbar 5. In addition, there is documentation of ongoing treatment with Zanaflex; and Zanaflex used as a second line option. However, despite documentation of pain, and given documentation of a 12/12/2011 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbations of chronic low back pain. In addition, given documentation of ongoing treatment with Zanaflex, there is no (clear) documentation for short-term (less than two weeks) treatment. Furthermore, despite documentation that Zanaflex helps reduce pain, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Zanaflex #120 (DOS 6/25/2014) is not medically necessary.

Retrospective request for Norco 2.5/325mg #60 (DOS 6/25/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain (grade 1 to 2), spondylolisthesis at Lumbar 5-Sacral 1, and disc protrusions at Lumbar 3-Lumbar 4 and Lumbar 4-Lumbar 5. However, despite documentation that a low dose of Norco is added to the medication regimen, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Norco 2.5/325mg #60 (DOS 6/25/2014) is not medically necessary.