

Case Number:	CM14-0182359		
Date Assigned:	11/07/2014	Date of Injury:	01/07/2013
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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:

Injured worker is a male with date of injury 1/7/2013. Per primary treating physician's progress report dated 10/6/2014, the injured worker complains of lower back pain. Since his last visit he has been going through physical therapy and he has received his TENS unit. He has a significant relief with the TENS unit. It is dropping his pain levels down. He uses a TENS unit 3 times a day 30 minutes at a time. He was able to decrease medication use with the tizanidine. He still has benefit with the Norco bringing his pain levels down over 50%. On examination there is tenderness to palpation at the lumbosacral junction. He has some pain with lumbar extension. Straight leg raise is negative. Diagnosis is low back pain with central disc protrusion at L5-S1, bilateral neuroforaminal narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 6-8 per day # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95,124.

Decision rationale: The California MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker reports significant improvement in his pain with the use of TENS. The reduction in pain would be expected to correspond to reduced use of pain medications as opioid pain medications are recommended to be used at the lowest dose for the shortest period of time. The injured worker also has physical therapy and is using heat and ice for comfort. There is also no assessment for aberrant behavior with chronic use of Norco. Medical necessity for continued use of Norco at this dosing has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg 6-8 per day # 240 is determined to not be medically necessary.

Zanaflex 4 mg QID # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no indication that the injured worker is suffering from spasticity. The injured worker is also reporting significant pain reduction with the use of TENS with a corresponding reduction in the use of Zanaflex. Despite reduced use of Zanaflex, the prescription has remained the same. Medical necessity of this request has not been established within the recommendations of the California MTUS Guidelines. The request for Zanaflex 4 mg QID # 120 is determined to not be medically necessary.