

Case Number:	CM14-0187260		
Date Assigned:	11/17/2014	Date of Injury:	07/31/2013
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Management 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 57 year old female worker was injured when she slipped on water and lost her balance. She fell backwards and landed flat on her back striking the back of her head against the ground. The date of injury was July 31, 2013. Diagnoses include thoracolumbar sprain and strain with bilateral lower extremity radiculopathy with disc bulge L4-L5 annular tear with mild to moderate neuroforaminal stenosis, L5-S1 moderate to severe bilateral neuroforaminal narrowing, cervical spine sprain and strain with spondylosis, left shoulder sprain and strain and closed head trauma. MRI scan dated June 4, 2014 showed multilevel degenerative disc disease greatest at L4-L5 and L5-S1 with posterior annular tears in the intervertebral discs at L4-L5 and L5-S1 along with mild to moderate bilateral neuroforaminal narrowing and nerve root compromise at L4-L5 and moderate to severe bilateral neuroforaminal narrowing and bilateral nerve root compromise at L5-S1. In evaluation on September 16, 2014, she complained of pain in the low back rated a 7 on a 1-10 pain scale. The pain was described as sharp, stiffness, locking and occasionally burning. The pain radiated to the right leg to the feet with numbness and tingling as well as coldness on her legs. Treatment modalities listed were medications, activity modifications and physical therapy. Notes stated that the injured worker failed conservative treatment therefore epidural steroids were requested as noted in the record on September 16, 2014 evaluation. In evaluation dated October 9, 2014, she was unable to work a full time schedule due to constant pain, spasm, numbness, tingling and weakness. She rated her pain with medications a 6 on a 1-10 pain scale but without medications an 8/10, and at other times the pain was reduced from 9/10 to 7/10. The note also states that the patient "was able to experience improved functioning and pain levels." There is no documentation of specific objective functional improvement. CA MTUS guidelines regarding opiate prescribing are cited. A prospective request was made for 1 follow-up appointment, 45 Norco 5/325 mg, 100 gm Voltaren gel 1.3%, 60 Zanaflex 4 mg and 1 review

medical records and compensated for a narrative report that provides discussion. On November 6, 2014, utilization review denied the 45 Norco5/325 mg, 100 gm Voltaren gel 1.3%, 60 Zanaflex 4 mg and 1 review medical records and compensation for a narrative report that provides discussion. An attorney letter dated October 7, 2014 states that a utilization review denial was received and "in order to resolve this dispute, please review the utilization review denial and any records in the patient's chart and prepare a medical legal report addressing the opinions expressed in the denial."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no documentation regarding functional improvement, side effects and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Voltaren Gel 1.3%, 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren

is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

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

Decision rationale: Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In addition, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine (Zanaflex), is not medically necessary.

A review of medical records and be compensated for a narrative report that provides discussion: 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), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for a review of medical records and be compensated for a narrative report that provides discussion, California MTUS and ODG do not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." Within the documentation available for review, it appears the requesting physician is readily familiar with the guideline criteria for ongoing use of opiates as he has stated in his October 9, 2014 appeal letter. As such, it is unclear why a special medico-legal report would be required to document the items which should be part of the normal follow-up visit. The requesting physician has not stated why additional reporting would be

necessary above and beyond what is normally performed within the context of a follow-up visit to support the ongoing need for these medications. In the absence of clarity regarding those issues, the currently requested narrative report is not medically necessary.