

Case Number:	CM14-0188760		
Date Assigned:	11/19/2014	Date of Injury:	05/02/2003
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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 case of a 64 year old male with a date of injury of 5/2/2003. His first injury came in 1996 from a vehicle accident. He suffered a low back injury. In 2003, he suffered an injury to his neck. His arm just went dead while he was changing something on a heater. In a primary treating physician progress report by [REDACTED] date 9/22/2014, the patient is here for ongoing neck, low back, and shoulder pain. The low back pain continues to be the most bothersome with radiating symptoms and radicular pain down the left lower extremity. His last epidural steroid injection was in January this year. It provides significant relief. He is struggling currently with pain to the lower back and the radicular pain, and his injection was recently denied which causes frustration. Current medications are the same since last visit and include Norco 10/325 mg, Naproxen 550 mg, Ultracet 37.5/325 mg, Tizanidine 4 mg, and Lactulose Solution. No significant change noted with his objective findings. He is diagnosed with chronic neck pain with history of cervical surgery in 2004, chronic low back pain with left L5 radiculopathy per EMG studies, bilateral shoulders, and right elbow and bilateral hands (I assume this means pain in those areas, but it does not state that). MRI of the lumbar spine from 5/20/2013 revealed severe disc degenerations noted all lumbar levels particularly L4-5, severe spinal stenosis noted from L2-5, broad based disc protrusion L4-5, retrolisthesis at L3-4 and anterolisthesis at L5-S1, broad based disc protrusion at L5-S1, and severe bilateral foraminal stenosis noted at multiple levels from L3-S1. Treatment plan included adding lactulose for constipation and refilling Norco, Naprosyn, Ultracet and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (retrospective): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,88, 94.

Decision rationale: Based on MTUS guidelines, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Criteria used to define serious substance misuse in a multi-disciplinary pain management program include: (a) cocaine or amphetamines on urine toxicology screen; (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasion for opioids not routine prescribed. Also included under the heading of Opioids, steps to avoid misuse/addiction, it states that for those at high risk of abuse, frequent random urine toxicology screens are recommended. In this case, there is no documentation of previous urine toxicology screens. There are no reports of any aberrant medication use that would raise the suspicion of misuse. However, since the patient has been on opioids for an extended period of time, it would be advisable to have a urine toxicology screen performed. Therefore, based on MTUS guidelines and the evidence in this case, the request for Urine drug screen (retrospective) is medically necessary.

1 Prescription for Zanaflex 4mg #120 -2 month supply (retrospective): Upheld

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

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

Decision rationale: Based on MTUS guidelines non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Zanaflex is a Antispasticity/Antispasmodic medication that is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 8 studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. In this case, the patient has been on Zanaflex for at least several months without specific documentation of overall improvement in pain or function.

Zanaflex is recommended for short-term treatment of acute exacerbation in patients with chronic low back pain. Therefore based on MTUS guidelines and the evidence in this case, the request for Zanaflex 4 mg #120, 2 month supply (retrospective) is not medically necessary.

1 Prescription for Norco 10/325mg #120 2 month supply (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-79.

Decision rationale: Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient has been on Norco for an extended period of time (at least several months) and there is no good documentation of overall improvement of function or decrease in pain. There also is no good documentation to state how long the patient gets pain relief with his medications, and how long it takes to obtain pain relief. Therefore, based on MTUS guidelines and the evidence in this case, the request for Norco 10/325 mg #120, 2 month supply (retrospective) is not medically necessary.