

Case Number:	CM15-0009329		
Date Assigned:	01/27/2015	Date of Injury:	09/12/2013
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female with a date of injury as 09/12/2013. The cause of the injury occurred when she was a passenger on an escalator which stopped suddenly causing her to fall forward, injuring her right leg and left hand. The current diagnoses include cervical spine strain, degenerative disc disease, foraminal stenosis, lumbar sprain/strain, disc bulging/degeneration with facet arthropathy. Previous treatments include medications, acupuncture, and hot and cold packs. Report dated 12/01/2014 noted that the injured worker presented with complaints that included ongoing stiffness in the left upper extremity, the remainder of subjective complaints were not legible. Objective findings were not legible. The injured worker is temporarily totally disabled. The utilization review performed on 12/22/2014 non-certified a prescription for Norco and Zanaflex based on no readable documentation to support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/01/14 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for NORCO 5/325 QTY 60. Patient's diagnosis per Request for Authorization form dated 12/01/14 includes Cervical spine strain MRI 12/10/13 C4-5 C6-7 degenerative disc disease with right greater than left foraminal stenosis; lumbar sprain/strain MRI 06/05/12 L3-S1 disc bulging/ degeneration with facet arthropathy. Patient's medications include Norco and Tizanidine, which have been refilled per treater report dated 12/01/14. Patient's pain is rated 7/10 with, and 7-8/10 without medications. Duration of relief is 3-4 hours. The patient is able to perform ADL's with improved participation in home exercise program. The patient is continuing with home exercise program, home EMS and medications. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was refilled per treater report dated 12/01/14. It is not known when Norco was initiated. MTUS requires appropriate discussion of the 4A's. In addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has been addressed with pain scales, however there is no significant pain reduction with use of Norco. No validated instruments have been used to show functional improvement, either. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug seeking behavior. There are no UDS's, CURES or opioid pain contracts. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Zanaflex 2mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available Medications for chro.

Decision rationale: Based on the 12/01/14 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for ZANAFLEX 2MG QTY 120. Patient's diagnosis per Request for Authorization form dated 12/01/14 includes Cervical spine strain MRI 12/10/13 C4-5 C6-7 degenerative disc disease with right greater than left foraminal stenosis; lumbar sprain/strain MRI 06/05/12 L3-S1 disc bulging/ degeneration with facet arthropathy. Patient's medications include Norco and Tizanidine, which have been refilled per

treater report dated 12/01/14. The patient is continuing with home exercise program, home EMS and medications. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:"

ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use 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."MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per treater report dated 12/01/14, Zanaflex was refilled and prescribed for the treatment of spasm to resume activity and function. Patient's pain is rated 7/10 with, and 7-8/10 without medications. Duration of relief is 3-4 hours. The patient is able to perform ADL's with improved participation in home exercise program. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. However, in this patient, there is no discussion specific to Zanaflex that the medication is helping with the patient's pain or spasms. The pain scale would seem to indicate no significant reduction with use of medication. The request IS NOT medically necessary.