

Case Number:	CM15-0100657		
Date Assigned:	06/03/2015	Date of Injury:	11/28/2007
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on November 28, 2007 while working as a bus driver. The injury occurred while performing her regular and customary duties. The injured worker has been treated for low back complaints. The diagnoses have included lumbar herniated nucleus pulposus with radiculitis, cervical herniated nucleus pulposus with radiculitis, chronic pain, muscle spasms, bilateral lower extremity radiculopathy, medicine induced gastritis, facet disease, obesity, insomnia, anxiety and depression. Treatment to date has included medications, radiological studies, spinal cord stimulator implantation, electrodiagnostic studies, physical therapy, a transcutaneous electrical nerve stimulation unit and lumbar spine surgery. Current documentation dated April 16, 2015 notes that the injured worker reported low back pain radiating to the right lower extremity. Examination of the lumbar spine revealed tenderness to palpation and a painful and decreased range of motion. Motor strength was decreased in the right foot and ankle. Deep tendon reflexes were decreased in the bilateral lower extremities. A straight leg raise test was positive on the right. Sensation was noted to be diminished in the posterolateral thigh and calf in the right lower extremity. The treating physician's plan of care included a request for the medications Zanaflex 4 mg # 60 and Norco 10/325 mg # 130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The claimant sustained a work-related injury in November 2007 and continues to be treated for low back pain. Medications are referenced as decreasing pain by 35-40%. When seen, there was positive straight leg raising with decreased lower extremity strength and sensation and an antalgic gait. Medications being prescribed include Ultracet and Norco at a total MED (morphine equivalent dose) of approximately 60 mg per day. Zanaflex has been prescribed since at least October 2014. Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron syndrome. It is therefore not medically necessary.

Norco 10/325mg #130: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2007 and continues to be treated for low back pain. Medications are referenced as decreasing pain by 35-40%. When seen, there was positive straight leg raising with decreased lower extremity strength and sensation and an antalgic gait. Medications being prescribed include Ultracet and Norco at a total MED (morphine equivalent dose) of approximately 60 mg per day. Zanaflex has been prescribed since at least October 2014. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.