

Case Number:	CM15-0101621		
Date Assigned:	06/04/2015	Date of Injury:	02/07/2001
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

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 45-year-old male, who sustained an industrial injury on 02/07/2001. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy, post-laminectomy syndrome of lumbar region, and chronic pain syndrome. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Cymbalta, Lyrica, Zanaflex, Pamelor, Vistaril. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with radiation to the bilateral lower extremities; pain is rated at 8/10 on the visual analog scale; pain is constant and worse with activity; there is numbness, joint pain, and muscle weakness; and he is currently working. Objective findings included decreased and painful lumbar spine range of motion; positive straight leg raise test bilaterally; and decreased sensation in the right L3, L4 dermatome. The treatment plan has included Norco 5/325mg quantity 100, Lyrica 50mg quantity 30, Zanaflex 4mg quantity 25, and Pamelor 50mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 5/325mg quantity 100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the bilateral lower extremities; pain is rated at 8/10 on the visual analog scale; pain is constant and worse with activity; there is numbness, joint pain, and muscle weakness; and he is currently working. Objective findings included decreased and painful lumbar spine range of motion, positive straight leg raise test bilaterally, and decreased sensation in the right L3, L4 dermatome. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg quantity 100 is not medically necessary.

Lyricea 50mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The requested Lyricea 50mg quantity 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has low back pain with radiation to the bilateral lower extremities; pain is rated at 8/10 on the visual analog scale; pain is constant and worse with activity; there is numbness, joint pain, and muscle weakness; and he is currently working. Objective findings included decreased and painful lumbar spine range of motion; positive straight leg raise test bilaterally; and decreased sensation in the right L3, L4 dermatome. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyricea 50mg quantity 30 is not medically necessary.

Zanaflex 4mg quantity 25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Anti Spasticity Drugs Page(s): 63;65.

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

Decision rationale: The requested Zanaflex 4mg quantity 25, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with radiation to the bilateral lower extremities; pain is rated at 8/10 on the visual analog scale; pain is constant and worse with activity; there is numbness, joint pain, and muscle weakness; and he is currently working. Objective findings included decreased and painful lumbar spine range of motion; positive straight leg raise test bilaterally; and decreased sensation in the right L3, L4 dermatome. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg quantity 25 is not medically necessary.

Pamelor 50mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Pamelor 50mg quantity 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has low back pain with radiation to the left lower extremity. The injured worker has low back pain with radiation to the bilateral lower extremities; pain is rated at 8/10 on the visual analog scale; pain is constant and worse with activity; there is numbness, joint pain, and muscle weakness; and he is currently working. Objective findings included decreased and painful lumbar spine range of motion; positive straight leg raise test bilaterally; and decreased sensation in the right L3, L4 dermatome. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Pamelor 50mg quantity 30 is not medically necessary.