

Case Number:	CM15-0102023		
Date Assigned:	06/04/2015	Date of Injury:	10/02/2009
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
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: Preventive Medicine, Occupational 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 34-year-old female, who sustained an industrial injury on 10/2/2009. The current diagnoses are right foot/ankle pain, low back pain, insomnia, and anxiety. According to the progress report dated 5/8/2015, the injured worker complains of right ankle and low back pain. The pain is rated 1/10 with medication and 7/10 without. The physical examination reveals tenderness across the lumbosacral junction to the sacroiliac joints bilaterally, tenderness at the L4-L5 level with extension, and pain towards the cervical thoracic junction. The current medications are Norco, Adderall, Prilosec, Motrin, Lexapro, and Zanaflex. Treatment to date has included medication management, MRI studies, physical therapy, boot, psychotherapy, and steroid injection. The plan of care includes prescriptions for Norco and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 10/325mg #120 (Dispensed 5-8-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Retro: Norco 10/325mg #120 (Dispensed 5-8-15) is not medically necessary.

Norco 10/325mg #60, do not dispense until 6-12-15 (Prescribed 5-8-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #60, do not dispense until 6-12-15 (Prescribed 5-8-15) is not medically necessary.

Zanaflex 4mg, #60 (Prescribed 5-8-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4mg, #60 (Prescribed 5-8-15) is not medically necessary.

Zanaflex 4mg #60, do not dispense until 6-8-15 (Prescribed 5-8-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4mg #60, do not dispense until 6-8-15 (Prescribed 5-8-15) is not medically necessary.