

Case Number:	CM15-0106452		
Date Assigned:	06/10/2015	Date of Injury:	02/01/2011
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 1, 2011. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for Norco and Zanaflex. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant had undergone a chronic pain program, it was reported. The attending provider stated Norco was reducing the applicant's pain complaints by 50% to 60%. The attending provider stated that the applicant would be unable to perform any household chores without Norco. The applicant reported 9/10 pain without medications versus 4-5/10 pain with medications. The applicant was using approximately eight tablets of Norco daily as well as Zanaflex two times daily and a topical compounded cream. Multiple medications were renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On January 20, 2015, the applicant reported ongoing complaints of severe, intractable low back pain. The applicant was on Norco, it was reported on this date. Epidural steroid injection therapy was endorsed. The applicant's work status was not detailed. On January 30, 2015, the attending provider suggested the applicant obtain a chronic pain program. On this date, the attending provider, once again, failed to outline the applicant's work status. On April 24, 2015, it was stated that the applicant was using both Norco and Zanaflex. 9/10 pain without medications versus 4- 5/10 with medications was reported. The attending provider stated that the applicant would be unable to perform any activities without his medications. Once again, the applicant's work status was not detailed. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not outlined on multiple office visits, referenced above, including on the April 24, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seemingly failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Zanaflex 2 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Similarly, the request for Zanaflex (Tizanidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was seemingly using at a rate of eight tablets daily. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

