

Case Number:	CM15-0108890		
Date Assigned:	06/15/2015	Date of Injury:	07/06/2012
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50-year-old female who sustained an industrial injury on 07/06/2012. The injured worker was diagnosed with thoracic spondylosis and lumbar spondylosis. Treatment to date has included diagnostic testing, conservative measures, physical therapy, bilateral lumbar facet injections at L4-L5 and L5-S1 (medial branch block) on March 18, 2015 and medications. According to the primary treating physician's progress report on April 14, 2015, the injured worker continues to experience mid back pain and spasm radiating upward to the thoracic area and down to the thigh. Examination demonstrated T3-T8 parathoracic tenderness and tenderness to palpation at L3-L5 with decreased lumbar spine range of motion. Current medications are listed as Norco, Zanaflex and Ibuprofen. Treatment plan consists of thoracic injections at T4 through T7 and the current request for Norco 10/325mg and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are thoracic spondylosis; and lumbar spondylosis. The medical record contains 28 pages. The QME in the body of the medical record is not addressed medications. The most recent progress note (the only progress note by the treating provider) is dated April 14, 2015. The injured worker has ongoing mid back and low back pain. Objectively there is parathoracic tenderness and tenderness to palpation of the lumbar spine. Range of motion is decreased at the lumbar spine. The treating provider refilled Norco 10/325#60 and Zanaflex 4 mg #60. The request for authorization is dated May 21, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg. Consequently, absent contemporaneous clinical documentation, detailed pain assessments, risk assessments and evidence of objective functional improvement to support ongoing Norco will, Norco 10/325mg #60 is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are thoracic spondylosis; and lumbar spondylosis. The medical record contains 28 pages. The QME in the body of the medical record is not addressed medications. The most recent progress note (the only progress note by the treating provider) is dated April 14, 2015. The injured worker has ongoing mid back and low back pain. Objectively

there is parathoracic tenderness and tenderness to palpation of the lumbar spine. There is no documentation of muscle spasm in the medical record. Range of motion is decreased at the lumbar spine. The treating provider refilled Norco 10/325 #60 and Zanaflex 4 mg #60. The request for authorization is dated May 21, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. Zanaflex is recommended for short-term use (less than two weeks) for treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. Additionally, the total duration of Zanaflex use is not documented in the medical record. Zanaflex 4 mg #60 is requested. This is a one month supply. Zanaflex is recommended for short-term use (less than two weeks). A one month supply exceeds the recommended guidelines for short-term use. Consequently, absent clinical documentation with evidence of muscle spasm and documentation of acute exacerbation of low back pain or chronic low back pain with treatment in excess of the recommended guidelines (total duration of use not specified in the medical record), Zanaflex 4 mg #60 is not medically necessary.