

Case Number:	CM15-0130188		
Date Assigned:	07/16/2015	Date of Injury:	01/03/2002
Decision Date:	09/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: 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 68 year old female injured worker suffered an industrial injury on 1/03/2002. The diagnoses included lumbar spondylosis and lumbosacral or thoracic radiculopathy. The diagnostics included lumbar magnetic resonance imaging and lumbar x-rays. The treatment included medications, physical therapy, and lumbar epidural steroid injections. On 6/10/2015 the treating provider reported severe pain in the back with spasms radiating down the right leg more than the left. She rated the pain at the visit 9/10, at best 4/10 with medications and 10/10 without medications. She reported 50% reduction in pain and 50% functional improvement with activities of daily living with the medications. On exam there were spasms in the lumbar muscles with restricted range of motion along with a limp when she walked. There were decreased reflexes in the right Achilles tendon and weakness in the right leg. The provider reported the urine drug screens were appropriate and she had a narcotic contract in place. The injured worker had not returned to work. The requested treatments included Norco 10/325mg, #240 and Zanaflex 4 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided indicated pain levels with and without medications and assessment of aberrant drug use. The comprehensive pain assessment and evaluation need to include how long it takes for pain relief and how long it lasted. The medical record indicated 50% functional improvement with medications however there needed to be specific detailed description to substantiate functional improvement. Therefore Norco was not medically necessary.

Zanaflex 4 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. Zanaflex had been in use for at least 2 years for muscle spasms in the back. The documentation provided did not indicate any specific prior benefit or functional improvement with the use of this medication. Therefore Zanaflex was not medically necessary.