

Case Number:	CM15-0147041		
Date Assigned:	08/10/2015	Date of Injury:	06/18/2012
Decision Date:	09/14/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old woman sustained an industrial injury on 6-18-2012. The mechanism of injury is not detailed. Evaluations include CT scan of the lumbar spine dated 5-9-2015, undated electromyogram, and undated ultrasound of the buttocks. Diagnoses include status post lumbar spine surgery. Treatment has included oral medications, physical therapy, and TENS unit therapy at home. Physician notes on a PR-2 dated 6-4-2015 show complaints of low back pain. Recommendations include stop physical therapy, continue TENS unit therapy at home, continue pain management follow up, Zanaflex, Lyrica, Norco, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The claimant sustained a work-related injury in June 2012 and underwent lumbar surgeries in August 2012 and April 2013 and has residual low back pain and lower extremity radicular symptoms. The claimant was seen initially by the requesting provider in March 2015. In April 2015 Zanaflex was prescribed for muscle spasms and insomnia. When requested, physical examination findings were unchanged with the prior evaluation documenting lumbar and sacroiliac joint tenderness and positive facet loading with positive left straight leg raising. A muscle relaxant is a second-line option for the treatment of acute exacerbations in patients with muscle spasms and in most low back pain cases shows no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Short-term use only of 2-3 weeks is recommended. In this case, Zanaflex was being prescribed with no identified new injury or exacerbation and the quantity prescribed is consistent with intended long term use. There were no reported muscle spasms when prescribed and it was also being prescribed for insomnia without an evaluation of potential causes of the claimant's sleep disturbance. It was not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in June 2012 and underwent lumbar surgeries in August 2012 and April 2013 and has residual low back pain and lower extremity radicular symptoms. The claimant was seen initially by the requesting provider in March 2015. In April 2015 Zanaflex was prescribed for muscle spasms and insomnia. When requested, physical examination findings were unchanged with the prior evaluation documenting lumbar and sacroiliac joint tenderness and positive facet loading with positive left straight leg raising. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.