

Case Number:	CM15-0161271		
Date Assigned:	08/28/2015	Date of Injury:	05/10/1999
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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, Florida, 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 58 year old male, who sustained an industrial injury on May 10, 1999. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease, and lumbar radiculitis. Treatments and evaluations to date have included MRIs, physical therapy, massage therapy, aqua therapy, epidural steroid injection (ESI), spinal cord stimulator (SCS), lumbar surgeries, and medication. Currently, the injured worker reports worsening low back pain associated with sharp stabbing pain in the left lumbar area which makes his legs go weak. The Treating Physician's report dated August 5, 2015, noted the injured worker reported his pain level a 4 out of 10 at rest and could flare up to 8 out of 10 with activity or movement. The injured worker's current pain was rated as 7 out of 10, normally 5 out of 10 with use of his pain medication. The injured worker's current medications were listed as Prevacid, Zanaflex, Norco, and Fentanyl patch. Physical examination was noted to show the injured worker with an antalgic gait, positive facet stress, sensory deficits in the right lower extremity, and decreased range of motion (ROM) and tenderness throughout the back. The treatment plan was noted to include review and refill of medications with prescriptions for Zanaflex, Norco, and Fentanyl patch

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg quantity 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 79, 80 and 88.

Decision rationale: This claimant was injured in 1999 with lumbago, lumbar degenerative disc disease, and lumbar radiculitis. Treatments and evaluations to date have included MRIs, physical therapy, massage therapy, aqua therapy, epidural steroid injection (ESI), spinal cord stimulator (SCS), lumbar surgeries, and medication. Currently, there is worsening low back pain associated with sharp stabbing pain in the left lumbar area which makes his legs go weak. The current pain was rated as 7 out of 10, normally 5 out of 10 with use of his pain medication. The injured worker's current medications were listed as Prevacid, Zanaflex, Norco, and Fentanyl patch. Objective functional improvement out of the opiate medicines is not noted, and work status out of the opiate usage is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review, therefore is not medically necessary.

Norco 10/325mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80 and 88.

Decision rationale: As shared previously, this claimant was injured in 1999 with lumbago, lumbar degenerative disc disease, and lumbar radiculitis. Treatments and evaluations to date have included MRIs, physical therapy, massage therapy, aqua therapy, epidural steroid injection (ESI), spinal cord stimulator (SCS), lumbar surgeries, and medication. Currently, there is worsening low back pain associated with sharp stabbing pain in the left lumbar area which makes his legs go weak. The current pain was rated as 7 out of 10, normally 5 out of 10 with use of his pain medication. The injured worker's current medications were listed as Prevacid, Zanaflex, Norco, and Fentanyl patch. Objective functional improvement out of the opiate medicines is not noted, and work status out of the opiate usage is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible

indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review, therefore is not medically necessary.

Zanaflex 4mg quantity 30 with two refills: 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, (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: As previously noted, this claimant was injured in 1999 with lumbago, lumbar degenerative disc disease, and lumbar radiculitis. Treatments and evaluations to date have included MRIs, physical therapy, massage therapy, aqua therapy, epidural steroid injection (ESI), spinal cord stimulator (SCS), lumbar surgeries, and medication. Currently, there is worsening low back pain associated with sharp stabbing pain in the left lumbar area which makes his legs go weak. The current pain was rated as 7 out of 10, normally 5 out of 10 with use of his pain medication. The injured worker's current medications were listed as Prevacid, Zanaflex, Norco, and Fentanyl patch. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also 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 request was appropriately non-certified, therefore is not medically necessary.