

Case Number:	CM15-0180789		
Date Assigned:	09/22/2015	Date of Injury:	01/29/1999
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male with an industrial injury dated 01-29-1999. Medical record review indicates he is being treated for status post right shoulder replacement surgeries times two, severe degenerative arthritis - left shoulder, internal derangement - left knee, status post lumbar fusion and status post permanent implantation of a lumbar spinal cord stimulator 12-2014. The progress report dated 05-27-2015 noted the injured worker presented with complaints that included low back, right hip, right knee and both shoulders. The pain level is documented as 9 out of 10 which reduced to 4-5 out of 10 with the use of medications. The injured worker reported that the medications were significantly helpful in reducing his pain and improving his activity tolerance. Physical exam findings dated 05-27-2015 are documented by the treating physician as "in no acute distress" with no exaggerated pain behaviors. The progress note dated 06-24-2015 noted the injured worker presented with complaints of low back, right hip, right thigh, right knee and bilateral shoulder pain worse on the left. "He has been experiencing a significant flare up of his left shoulder pain." The pain rating is documented as 10 out of 10 but reduced to 7 out of 10 with the use of his medications. Physical exam was unchanged from above. The injured worker received a trigger point injection during the 06-24-2015 visit. The treating physician documented the most recent urine drug screen was reviewed with the injured worker at the 06-24-2015 visit. "The absence of the OxyContin is due to the fact that the patient had gone without it for 4 days in an attempt to taper down. He found that the pain became too severe, therefore he restarted the medications." Work status is temporarily totally disabled. The injured workers medications included Zanaflex (since at least 04-29-2015), Amitiza,

Cyclobenzaprine, Norco since at least 01-28-2014, Oxycontin (since at least 3-12-2015), Prevacid, Celebrex and Soma. The treating physician documents "there are no aberrant drug behaviors and he uses the medications as prescribed." Prior treatments included spinal cord stimulator, surgery, trigger point injections, 2 weeks of functional restoration program, Orthovisc injections, "extensive therapy" and medications. The requested treatments are Zanaflex 4 mg #90, Oxycontin 30 mg #60 and Norco 10-325 mg #180. On 08-14-2015 the request for Zanaflex 4 mg #90, Oxycontin 30 mg #60 and Norco 10-325 mg #180 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on muscle relaxants the prior months. The claimant was using it in combination with opioids. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Oxycontin is not indicated as 1st line for back pain. Cumulative doses of all opioids should not exceed 120 mg. In this case, the claimant had been on Oxycontin for several months in combination with Norco. The combined does exceeded 120 mg of Morphine.

Weaning or Tricyclic failure was not noted. Continued use of Oxycontin at the prescribed doses is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Cumulative doses of all opioids should not exceed 120 mg. In this case, the claimant had been on Oxycontin for several months in combination with Norco. The combined does exceeded 120 mg of Morphine. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.