

Case Number:	CM15-0183175		
Date Assigned:	09/24/2015	Date of Injury:	03/31/2005
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 42 year old male who sustained an industrial injury on March 31, 2015. A therapy visit dated July 06, 2015 reported chief subjective complaint of "back pain ongoing down the leg." He states since the last visit "his lower back and left leg pain has remained the same." He mentions "while on his medication his activity level increases by 50%" "once the medication wears off his activity level decrease4s by 30%." There is note of pending approval for discectomy. "He is not involved in any form of exercise." Current medications consisted of: Prilosec, Zanaflex, Percocet, Lunesta, OxyContin, Cymbalta, and Lorazepam. Past procedures no benefit listed: sacroiliac joint injection December 2009, transforaminal left injection June 2010, and hard ware block January 2015. Medications benefited listed: Percocet, OxyContin, Zanaflex, Prilosec, and Ambien. The following diagnoses were applied to this visit: post lumbar laminectomy syndrome; sacroilitis not elsewhere classified; thoracic of lumbosacral neuritis or radiculitis not otherwise specified; lumbar radiculopathy, and other pain disorders related to psychiatric factors. The plan of care is with recommendation to continue medication regimen. A therapy visit dated January 07, 2015 reported unchanged subjective complaint, medication regimen, treating diagnoses. The plan of care noted prescribing a topical transdermal compound cream, and lumbosacral orthosis. On September 08, 2015 a request was made for: Zanaflex 4mg #60, and Lunesta 1mg #30 which was noted with modification of Zanaflex 3mg #20 and Lunesta 1mg #20 to allow both continued weaning and gradual weaning off medications. On September 14, 2015, Utilization Review assessed the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #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): Muscle relaxants (for pain).

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Zanaflex 4mg, #60 is not medically necessary.

Lunesta 1mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Lunesta 1mg, #30 is not medically necessary.

Percocet 10/325mg, #120: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg, #120 is not medically necessary.

OxyContin 20mg, #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.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. OxyContin 20mg, #60 is not medically necessary.