MAXIMUS Federal Services

Case Number:	CM15-0184616		
Date Assigned:	09/25/2015	Date of Injury:	01/03/2002
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 68 year old female, who sustained an industrial injury on 01-03-2002. She has reported injury to the bilateral knees and low back. The diagnoses have included low back pain; lumbar discogenic disease at L4-L5 and L5-S1; lumbar radiculopathy; bilateral knee pain with degenerative joint disease; and status post right total knee replacement. Treatment to date has included medications, diagnostics, activity modification, physical therapy, home exercise program, lumbar epidural steroid injection, and surgical intervention. Medications have included Norco, Tylenol, Lidoderm patch, Ibuprofen, Lyrica, Soma, Neurontin, and Zanaflex. A progress report from the treating physician, dated 08-04-2015, documented a follow-up visit with the injured worker. The injured worker reported worsening pain in her back, severe spasm, radiating pain in her right leg; burning sensation in the leg as well; she states she cannot function without pain medication; she rates her pain at 8 out of 10 in intensity; the pain is rated at best a 4 out of 10 with the medications, and 10 out of 10 without them; she reports 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all; she has been very depressed about the worsening pain; she is very fearful she may have to have surgery; and she is currently scheduled for two epidural injections in a series starting next week. Objective findings included limited range with back exam; there is palpable spasm in the lumbar trunk; there is sensory loss to light touch and pinprick in the right lateral calf and bottom of her foot; there is an absent Achilles reflex; there is 4 out of 5 weakness in the right thigh flexion, knee extension, and great toe extension; she ambulates with a limp with the right lower extremity; bilateral knee exam reveals full active range of motion; and there is

crepitus on flexion to extension of both of the knees. The treatment plan has included the request for Norco 10-325mg #240; and Zanaflex 4mg #60. The original utilization review, dated 08-18-2015, modified the request for Norco 10-325mg #240, to Norco 10-325mg #81; and modified the request for Zanaflex 4mg #60, to Zanaflex 4mg #16.

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 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 along with NSAIDS for over 2 years. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

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: 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. In addition, 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 Zanaflex along with NSAIDS for over 2 years. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.