MAXIMUS Federal Services

Case Number:	CM15-0188870		
Date Assigned:	09/30/2015	Date of Injury:	04/26/1997
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on 4-26-1997. The injured worker is undergoing treatment for lumbosacral strain-sprain, lumbar degenerative disc disease (DDD), cervical strain-sprain and sacroiliac joint strain-sprain. Medical records dated 6-14-2013 indicate the injured worker complains of flare up of back pain with spasm and radiating to bilateral lower extremity. Physical exam dated 6-14-2013 notes lumbar tenderness to palpation with guarding and spasm, left sacroiliac joint tenderness to palpation, straight leg raise causes pain in seated and supine position, decreased lumbar range of motion (ROM) and decreased sensitivity of left lower extremity. Treatment to date has included magnetic resonance imaging (MRI), lumbar laminectomy and discectomy, Norco and Zanaflex since at least 11-20-2011, Bu Trans, Motrin, home exercise program (HEP), physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, hot packs and labs (8-6-2013) indicating compliance with treatment. The original utilization review dated 9-2-2015 indicates the request for Norco 10-325mg #102 (7-26-13), Zanaflex 2mg #90 (7-26-13) and Norco 10-325mg #120 (DOS 8-19-13) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (DOS 7/26/13): 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, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Zanaflex 2mg #90 (DOS 7/26/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

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

Decision rationale: MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason an initial physician review recommended non-certification of this medication. However with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations. Thus the current request is consistent with MTUS guidelines, particularly as an alternate to opioids which have been non-certified. Thus the request is medically necessary.

Norco 10/325mg #120 (DOS 8/19/13): 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, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.