

Case Number:	CM15-0199269		
Date Assigned:	10/14/2015	Date of Injury:	10/01/2009
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 61 year old female, who sustained an industrial injury on 10-1-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain with aggravation of lumbar degenerative disc disease, status post multiple lumbar surgeries with lumbar sacral fusion and residual left radiculopathy, left lower extremity foot drop associated with radiculopathy, and chronic pain syndrome with chronic narcotic usage. On 9-23-2015, the injured worker reported ongoing chronic low back pain with radiation to the bilateral lower extremities rated 7 out of 10. The Secondary Treating Physician's report dated 9-23-2015, noted the injured worker's current pain rated as 7 out of 10 with the least reported pain, average pain, and pain after taking the opioid all 7 out of 10, with pain relief lasting 4 hours, with changes noted since the 7-30-2015 visit where the current pain was rated 10 out of 10, least reported pain rated 8 out of 10, and average pain and intensity of pain after taking the opioid rated 9 out of 10. The injured worker's current medications were noted to include Neurontin 100mg and 800mg, Prilosec, and Norco. The physical examination was noted to show the injured worker ambulated with a single point cane with decreased painful lumbar spine range of motion (ROM). Prior treatments have included cognitive behavioral therapy (CBT), physical therapy, left I5 injection, pain management, and lumbar spine surgeries in 2011 and 2013. The Physician noted the injured worker continued to take Norco which provided significant pain relief and allowed for increased function, allowing the injured worker to participate in physical therapy and rehabilitative exercises with no aberrant drug taking behaviors and a urine drug screen (UDS) implemented. The treatment plan was noted to include requests for authorization for

Omeprazole, Neurontin, Norco and Zanaflex, both noted to have been prescribed since at least 4-27-2015, and physical therapy. The injured worker's work status was noted to be not currently working. The request for authorization was noted to have requested Omeprazole 20 mg Qty 30, Neurontin 100 mg Qty 90, Neurontin 800 mg Qty 90, Norco 10 mg Qty 120, and Zanaflex 4 mg Qty 60. The Utilization Review (UR) dated 10/1/2015, certified the requests for Omeprazole 20 mg Qty 30, Neurontin 100 mg Qty 90, and Neurontin 800 mg Qty 90, and non-certified the requests for Norco 10 mg Qty 120, and Zanaflex 4 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10 mg Qty 120 is not medically necessary and appropriate.

Zanaflex 4 mg Qty 60: Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2009 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 4 mg Qty 60 is not medically necessary and appropriate.