

Case Number:	CM15-0203142		
Date Assigned:	10/19/2015	Date of Injury:	09/07/2001
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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:

This is a 58 year old male patient who sustained an industrial injury on 09-07-2001. The diagnoses include polytrauma with marked traumatic brain injury, cervical spine disc syndrome with radiculopathy, lumbosacral spine disc syndrome with radiculopathy. Per the provider notes dated 09-01-2015, he has subjective complaint of neck and low back sharp, stabbing, pain, stiffness, weakness, numbness, paresthesia, and generalized discomfort that has increased. The treating provider noted that the patient had onset of seizure disorder, which he did not have prior to his medications being blocked. The physical examination revealed reduced range of motion of the cervical and lumbosacral spines in all planes, absent right biceps and right ankle deep tendon reflex, reduced sensation and strength in the distribution of the right C6 and right S1 spinal nerve roots, and tender painful right cervical and right lumbosacral paraspinal muscular spasms. Medications include Norco (since at least 01-12-2015), Soma, Duragesic (since at least 01-12-2015), ambien, ultracet and Prilosec. He has undergone cervical and lumbar spine surgeries. Urine toxicology screens throughout the year 2015 were consistent with prescribed medication. A request for authorization was submitted for Norco 10/325mg #90, Zanaflex 4mg #60, and Duragesic patches 100mcg/hour #15. A utilization review decision 09/29/2015 modified the Norco request to certify 1 prescription of Norco 10/325mg #23 between 09-01-2015 and 11-24-2015. The Duragesic patches 100mcg/hour #15 was certified and the request for, Zanaflex 4mg #60 was 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 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

Decision rationale: Norco 10/325mg #90. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Per the notes, the patient had marked traumatic brain injury. He has undergone cervical and lumbar spine surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The patient has had urine drug screens in 2015 with consistent findings. The request for Norco 10/325mg #90 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.

Zanaflex 4mg #60: Overturned

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: Zanaflex 4mg #60. Antispasticity/antispasmodic drugs: Tizanidine (Zanaflex) page 66. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha 2-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. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The patient has chronic low back and neck pain. The patient has objective abnormalities on the musculoskeletal physical examination-reduced range of motion of the cervical and lumbosacral spines in all planes, absent right biceps and right ankle deep tendon reflex, reduced sensation and strength in the distribution of the right C6 and right S1 spinal nerve roots, and tender painful right cervical and right lumbosacral paraspinal muscular spasms. He has history of cervical and lumbar spine surgeries. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg # 60 is deemed medically appropriate and necessary for this patient.