

Case Number:	CM15-0205713		
Date Assigned:	10/22/2015	Date of Injury:	04/23/2001
Decision Date:	12/03/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old female, who sustained an industrial injury on 4-23-01. The injured worker has complaints of low back pain that radiates to bilateral anterolateral thighs with increased weakness. There is burning as well in bilateral shoulders. Sensation is decreased anterolateral thighs (L3-4) and strength is decreased bilateral hip flexors. magnetic resonance imaging (MRI) L4-5, L5-S1 (sacroiliac) fusion, L3-4 herniated nucleus pulposus (HNP), magnetic resonance imaging (MRI) on 8-1-15 L3-4 (6millimeter) disc extrusion with severe NFS central (7-8 millimeter) stenosis with crowding of cauda equine. The diagnoses have included chronic lumbar radiculopathy; junctional L3-4 extrusion with stenosis; lumbar post laminectomy syndrome; incontinence; depression and chronic pain syndrome. Treatment to date has included percocet; norco; zanaflex; neurontin; epidural injections and home exercise program. The original utilization review (10-16-15) non-certified the request for percocet 10-325mg # 60; norco 10-325mg # 90 and zanaflex 4mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg # 60: Upheld

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

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

Decision rationale: This 63 year old female has complained of low back pain and shoulder pain since date of injury 4/23/2001. She has been treated with surgery, physical therapy and medications to include opioids since at least 07/2015. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Norco 10/325mg # 90: Upheld

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

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

Decision rationale: This 63 year old female has complained of low back pain and shoulder pain since date of injury 4/23/2001. She has been treated with surgery, physical therapy and medications to include opioids since at least 07/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Zanaflex 4mg # 90: 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: This 63 year old female has complained of low back pain and shoulder pain since date of injury 4/23/2001. She has been treated with surgery, physical therapy and medications to include Zanaflex since at least 07/2015. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.