

Case Number:	CM15-0209933		
Date Assigned:	10/28/2015	Date of Injury:	11/15/2008
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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:

The injured worker is a 30 year old female with an industrial injury date of 11-15-2008. Medical record review indicates she is being treated for herniated discs lumbar 4-5 and lumbar 5-sacral 1 status post laminectomies, overweight with co-morbidities, status post gastric bypass surgery on 4/27/15, status post anterior-posterior lumbar fusion lumbar 4-sacral 1 and lumbar myofascial pain syndrome. Subjective complaints (09-16-2015) included lower back pain rated as 6 out of 10 with radiation down her right lower extremity to her right foot. The injured worker reported difficulty sleeping at night due to lower back pain. The physician noted the injured worker never received her Zanaflex prescription that was written on 08-04-2015. Work status is documented as "with restrictions." Current (09-16-2015) medications are documented as Zanaflex (prescribed 08-14-2015) and Norco. Medical record review indicates the injured worker had stopped taking Norco due to gastric upset. The original start date is not indicated. Objective findings (09-16-2015) included tenderness over the lumbosacral spine and over the bilateral lumbar paraspinal musculature, muscle spasm and positive SLR. Active range of motion of the lumbar spine was decreased. The treating physician indicated there was increased lower back pain upon the extremes of all ranges of motion about her lumbar spine. The patient sustained the injury due to lifting. The patient had used a TENS unit for this injury. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history includes lumbar fusion in 2012. The medication list includes Nexium, Zanaflex, Ibuprofen and Norco. The patient had lumbar X-

ray on 5/5/12 that revealed post surgical changes and narrowing of disc space; MRI of the lumbar spine on 2/17/10 that revealed disc protrusions, foraminal narrowing. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30: 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: Norco 5/325mg, #30 Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The injured worker had stopped taking Norco due to gastric upset. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg, #30 is not established for this patient, given the records submitted and the guidelines referenced. Therefore, the request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

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): Antiepilepsy drugs (AEDs).

Decision rationale: Zanaflex 4mg, #60. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) 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. (Chou, 2007) One study 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. May also provide benefit as an adjunct treatment for fibromyalgia." The patient had diagnoses of herniated discs lumbar 4-5 and lumbar 5-sacral 1 status post laminectomies, overweight with co-morbidities, status post gastric bypass surgery on 4/27/15, status post anterior-posterior lumbar fusion lumbar 4-sacral 1 and lumbar myofascial pain syndrome. Subjective complaints (09-16-2015) included lower back pain rated as 6 out of 10 with radiation down her right lower extremity to her right foot. The injured worker reported difficulty sleeping at night due to lower back pain. Objective findings (09-16-2015) included tenderness over the lumbosacral spine and over the bilateral lumbar paraspinal musculature, muscle spasm and positive SLR. Active range of motion of the lumbar spine was decreased. Therefore the patient has chronic pain along with significant abnormal objective findings including muscle spasm. The patient had lumbar X-ray on 5/5/12 that revealed post surgical changes and narrowing of disc space; MRI of the lumbar spine on 2/17/10 that revealed disc protrusions, foraminal narrowing. The patient's condition is prone to exacerbations. The request for Zanaflex 4mg, #60 is medically appropriate and necessary in this patient at this time.