

Case Number:	CM15-0212899		
Date Assigned:	11/02/2015	Date of Injury:	07/15/2010
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/29/2015

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 44 year old, female who sustained a work related injury on 7-15-10. A review of the medical records shows she is being treated for neck and low back pain. In the progress notes dated 9-3-15 and 9-29-15, the injured worker reports improved pain in neck and low back. She reports that the medications "improve her pain and allow her to carry out her activities of daily living." She rates her pain level a 7 out of 10. At best, her pain level is 6 out of 10 and at worst, the pain level is a 10 out of 10. On physical exam dated 9-3-15, she has palpable twitch positive trigger points in the muscles of the neck. She has decreased cervical range of motion. She has no tenderness or decreased range of motion in the lumbar spine. Treatments have included cervical facet block-medial branch block-good relief of about 95%, acupuncture, medications, psychotherapy, radiofrequency ablations of cervical and lumbar spine, greater than 80% relief and chiropractic treatments. Current medications include Norco, Zanaflex, Meloxicam and Gabapentin. She has been taking Norco since at least May 2015, She has been taking Zanaflex since at least April, 2015. The provider states her online pharmacy report shows no evidence of "doctor shopping." He reports her last urine drug screen done in May 2015 was consistent with medication being taken at the time. No notation of working status. The treatment plan includes medication refills. The Request for Authorization dated 9-8-15 has requests for Norco, Gabapentin, Meloxicam and Zanaflex. In the Utilization Review dated 10-8-15, the requested treatments of Norco 10-325mg. 1 tablet 4 times a day for 30 days #120 and Zanaflex 4mg 2 tablets twice a day for 30 days #120 are not medically necessary. The past medical history included Hepatitis C and she was advised to avoid Tylenol. The patient had pain at 8/10 without Norco and 4/10 with Norco, and improved ADL with Norco. The patient has had MRI of the

lumbar spine on 5/6/14 that revealed degenerative changes; EMG of upper extremity that revealed cervical radiculopathy in 2013; MRI of the cervical spine on 12/26/13 that revealed disc protrusions, central canal narrowing, and degenerative changes. Patient had received cervical ESI and lumbar facet injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, 1 tablet 4 times a day as needed for 30 days #120 (retrospective prescribed 09/29/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

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

Decision rationale: 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. 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, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The past medical history included Hepatitis C and she was advised to avoid Tylenol (Acetaminophen). The medication Norco contains acetaminophen, which is not advisable in the presence of Hepatitis C. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants), without the use of opioids, 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 10-325mg, 1 tablet 4 times a day as needed for 30 days #120 (retrospective prescribed 09/29/20 is not established for this patient, given the records submitted and the guidelines referenced. 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 tablet 2 twice a day for 30 days #120 (retrospective prescribed 09/29/2015): 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: 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." In the progress notes dated 9-3-15 and 9-29-15, the injured worker reports improved pain in neck and low back. She reports that the medications "improve her pain and allow her to carry out her activities of daily living." On physical exam dated 9-3-15, she has palpable twitch positive trigger points in the muscles of the neck. She has decreased cervical range of motion. The patient has had MRI of the lumbar spine on 5/6/14 that revealed degenerative changes; EMG of upper extremity that revealed cervical radiculopathy in 2013; MRI of the cervical spine on 12/26/13 that revealed disc protrusions, central canal narrowing, and degenerative changes. There is evidence of significant abnormal objective findings. The patient's condition is prone to exacerbations. The request for Zanaflex 4mg tablet 2 twice a day for 30 days #120 (retrospective prescribed 09/29/2015) is medically appropriate and necessary in this patient at this time.