

Case Number:	CM15-0216987		
Date Assigned:	11/06/2015	Date of Injury:	02/03/2001
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: Preventive Medicine, Occupational Medicine

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 was a 49 year old female, who sustained an industrial injury, March 4, 1991. The injured worker was undergoing treatment for lumbosacral spondylosis, lumbosacral radiculopathy, status post lumbar laminectomy at L4-L5 and L5-S1 in 2001 and degenerative disc disease. According to progress note of October 7, 2015, the injured worker's chief complaint was progressively increasing lumbar spine symptoms radiating into the lower extremities bilaterally, left greater than the right. The injured worker's narcotics have been denied. The injured worker was having increased symptoms and progressive disability, which had suddenly and acutely increased without the narcotic medication. The pain persists in the pelvic brim and junction bilaterally, left greater than the right. The pain was described as constant, aching, stabbing, burning and throbbing. The pain was rated at 3 out of 10 least and 9 out of 10 worst. The aggravating factors were repetitive and prolonged activities, including stooping, bending, squatting, twisting, turning, pushing, pulling, heavier lifting, carrying; which was limited to 10 pounds. Standing at a table more than 5 minutes, sitting was maximally 20 minutes; repetitive activities with the lower extremities, including driving, walking on level surfaces of 10 minutes. The injured worker's alleviating factors were activity modification, pacing and avoidance; prescription medications when available, rest by sitting or lying down, ice, heat, frequent position changes, canvas corset or a double strap back brace with a back pad and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker reported the pain level goes down to 3 out of 10 with Percocet for 4-5 hours. The physical exam noted moderate tenderness in the left pelvic brim and junction to percussion and slight on the right. There were moderate spasms in the paravertebral musculature bilaterally. There was bilateral sciatic

notch tenderness, left greater than the right. There was decrease range of motion due to discomfort. The injured worker walked with a normal gait. The heel to toe progression noted a slight limp on the left. The injured worker previously received the following treatments Lortab in the past, Effexor XR, Imitrex, Ketoprofen, Metoprolol, Norco 10-325mg was stopped due to UR weaning, Wellbutrin, Zanaflex 4mg since May 13, 2015, TENS Unit pain was sometimes relieved, Percocet, 12 epidural injections prior to surgery The RFA (request for authorization) dated October 26, 2015 the following treatments were requested prescription for Zanaflex 4mg 30 quantity of 180 with 5 refills and a new prescription for Percocet 5-325mg #120 with 2 refills. The UR (utilization review board) denied certification on October 29, 2015; for prescriptions for Zanaflex 4mg capsules #30 quantity of 180 with 5 refills and Percocet 5-325mg #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex cap 4mg day supply: 30 Qty: 180 Refills 5: 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: MTUS Guidelines generally do not support the long term use of muscle relaxants for chronic pain disorders; however the Guidelines do provide some room for the chronic use of Zanaflex on an exceptional basis. Unfortunately, the prescribing physician does not provide adequate documentation to support the use of Zanaflex. There is no pain relief, improvement in spasm or change in the quality of life as a result of the prescribed Zanaflex. Under these circumstances, the Zanaflex cap 4mg day supply: 30 Qty: 180 Refills 5 is not supported by Guidelines and is not medically necessary.

Percocet 5/325mg #120 x 2 refills: Upheld

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

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

Decision rationale: MTUS Guidelines have very specific criteria to justify the long term use of opioid medications for non-cancer pain. These criteria have not been met by the prescribing physician. The Guidelines call for careful documentation of the amount of pain relief, length of pain relief, specific functional improvements to support the long term use of opioids. The prescribing physician has stated that the pain meds help, but apparently has not taken the time to be familiar with the Guidelines with the possibility of providing adequate documentation to support long term use. There should be some quantification of both pain relief and functional

support/improvements by the prescribing physician for opioids to be supported by Guidelines. A consulting physician noted up to 50% pain relief, but that physician did not document any functional support or improvements to support the contention of significant pain relief. Up to date adequate and compliant documentation may change the review conclusions regarding the use of opioids, but at this point in time the Percocet 5/325mg #120 x 2 refills is not supported by Guidelines and is not medically necessary.