

Case Number:	CM15-0221926		
Date Assigned:	11/17/2015	Date of Injury:	10/01/2009
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 10-1-09. She reported low back pain. The injured worker was diagnosed as having lumbar strain and sprain with aggravation of lumbar degenerative disc disease, status post multiple lumbar surgeries with lumbar sacral fusion and residual left radiculopathy, left lower extremity foot drop associated with radiculopathy, and chronic pain syndrome with chronic narcotic usage. Treatment to date has included lumbar spine surgery in 2011 and 2013, a L5 selective nerve root block, use of a cane, and medication including Neurontin and Norco. On 10-26-15, the injured worker complained of pain in the low back with radiation to bilateral lower extremities rated as 8 of 10 without medication and 6 of 10 with medication. The treating physician requested authorization for Tramadol 50mg #30 and a trial of Lorzone 750mg #30. On 11-11-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Overturned

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

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

Decision rationale: The IW is a 61 year old woman who injured her low back on 10/1/2009. She underwent multiple lumbar surgeries in 2011 and 2013 and sacral fusion. She has a left lower extremity foot drop related to her back injury. Medications include Neurontin and Norco. Physical exam notes that she ambulates with a single point cane and painful ROM. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. In this case, the PTP documents the 4 A's in his last report of 10/26/2015. He has fulfilled the criteria for continued chronic opioid use. The request is medically necessary.

Trial of Lorzone 750mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The IW is a 61 year old woman who injured her low back on 10/1/2009. She underwent multiple lumbar surgeries in 2011 and 2013 and sacral fusion. She has a left lower extremity foot drop related to her back injury. Medications include Neurontin and Norco. Physical exam notes that she ambulates with a single point cane and painful ROM. CA MTUS pg 63-66 states: Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chlorzoxazone (Parafon Forte, Paraflex, Relax DS, Remular S, generic available): this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. (See, 2008) Side Effects: Drowsiness and dizziness. Urine discoloration may occur. Avoid use in patients with hepatic impairment. Dosing: 250-750 mg three times a day to four times a day. In this case, the PTP is recommended Lorzone 750 mg q D #30 which exceed the MTUS and ODG guidelines for treatment of 2-3 week duration. Medical necessity has not been established. The request is not medically necessary.

