

Case Number:	CM15-0035029		
Date Assigned:	03/03/2015	Date of Injury:	01/24/2004
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, 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 64-year-old female who sustained a work related injury on January 24, 2004, after lifting a heavy box and twisting her spine. Treatment included physical therapy, aqua therapy, pain medications, muscle relaxants and home exercise program. She was diagnosed with lumbago and muscle weakness. Magnetic Resonance Imaging (MRI) revealed multiple facet arthropathies with multiple level degenerative disc disease and radiculitis. She underwent spinal surgery. Currently, the injured worker complained of difficulty standing due to continued leg and back pain. On February 11, 2015, a request for four prescriptions for Hydrocodone 7.5/325 mg, #90 was modified to a certification of one prescription of Hydrocodone 7.5/325 mg, #68, between February 3, 2015 and June 9, 2015; a request for one prescription of Mobic 7.5 mg, #60, between February 3, 2015 and April 10, 2015, was non-certified and one prescription for Zanaflex 4 mg, #90, between February 3, 2015 and April 10, 2015, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 prescriptions of Hydrocodone 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over 3 yrs without significant improvement in pain or function. Recent documentation in February 2015 does not include pain scores and the claimant mentions that there is no improvement in ADLs. The continued use of Hydrocodone is not medically necessary.

1 prescription of Mobic 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 3 years in combination with opioids. There was no indication of Tylenol failure recent documentation in February 2015 mentions no improvement in ADLs and pain scores are not documented. Long-term NSAID use has renal and GI risks. Continued use of Mobic is not medically necessary.

1 prescription of Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Zanaflex 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond

NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Zanaflex for several years in combination with opioids and NSAIDs. There was no improvement in ADLs. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.