

Case Number:	CM15-0036807		
Date Assigned:	03/05/2015	Date of Injury:	10/21/2009
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury, October 21, 2009. According to progress note of February 4, 2014, the injured workers chief complaint was new onset of spasms left greater than the right of the neck and shoulder. The pain was radiating down the left arm to the volar forearm to the wrist. The injured worker had been taking two Norco in the morning to help with the new pain. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted right and left neck pain with movement. The symptoms were associated with weakness and numbness of the left arm and right foot. The injured worker was diagnosed with post laminectomy syndrome both lumbar and cervical with myofascial pain syndrome and depression. The injured worker previously received the following treatments cervical fusion C4-C7 in 2010 with suspected nonunion and L4-L5 XLIF in 2011 and again with suspected nonunion. The medications the injured worker was taking were Cymbalta, Norco, Omeprazole, Colace and Lorzone for a short trial. February 4, 2014, the primary treating physician requested authorization for 60 tablets of Norco and 30 tablets of Lorzone 750mg. On February 13, 2015, the Utilization Review denied authorization for 60 tablets of Norco and 30 tablets of Lorzone 750mg. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post laminectomy syndrome cervical; C4 - C7 ACDF with suspected pseudoarthrosis; post laminectomy lumbar; L4, 5 XLIF with suspected pseudo-arthrosis; and myofascial pain syndrome diffuse. Subjectively, the injured worker has complaints of neck pain and low back pain from post laminectomy syndromes. Objectively, there is no physical examination documented in the medical record. The documentation shows Norco was prescribed as far back as the oldest progress note, January 24, 2014. The Norco appears to be a refill and the exact start date is unclear. The documentation does not contain a risk assessment. The documentation does not contain a detailed pain assessment. There is no clinical documentation of objective functional improvement with ongoing Norco. Consequently, absent compelling clinical documentation of objective functional improvement to gauge the efficacy long-term Norco 10/325 mg and the absence of risk assessments and detailed pain assessments, Norco 10/325 mg #60 is not medically necessary.

30 tablets of Lorzone 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorzone 750 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are post laminectomy syndrome cervical; C4 - C7 ACDF with suspected pseudoarthrosis; post laminectomy lumbar; L4, 5 XLIF with suspected pseudo-

arthrosis; and myofascial pain syndrome diffuse. Subjectively, the injured worker has complaints of neck pain and low back pain from post laminectomy syndromes. Objectively, there is no physical examination documented in the medical record. There are no objective physical findings that indicate Lorzone is clinically indicated. Muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain and an exacerbation in chronic low back pain. There is no documentation of acute low back pain or an exacerbation. Additionally, objectively there is no documentation indicating muscle spasm, tenderness etc. Consequently, absent clinical documentation with objective clinical findings, in addition to, and absent clinical indication and rationale, Lorzone 750 mg #30 is not necessary.