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| Case Number: | CM15-0037067 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 12/17/2012 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52-year-old female who sustained an industrial injury on 12/17/12. She currently complains of low back pain with pain intensity of 5/10 and numbness in both feet. In addition she is experiencing night sweats. She uses a cane for ambulation. Medications include Neurontin, Norco. Diagnoses include lumbosacral strain/ sprain; degenerative disc disease; L5-S1 broad based disc protrusion with foraminal encroachment; L5 radicular pain with increasing weakness right lower extremity. Treatments to date include lumbar epidural steroid injections with poor response. On 12/8/14, she had good pain relief. Diagnostics include MRI of the lumbar spine (2/23/13), (1/30/15); MRI Lower back (7/12/14); electromyography/ nerve conduction study bilateral lower extremities (8/19/14). In the progress note dated 1/6/15, the treating provider continued Norco and Zanaflex for spasm exacerbation. On 2.6.15 Utilization review non-certified the requests for Zanaflex 4 mg # 20 and Norco 10/325 mg # 90 citing MTUS: Chronic Pain Medical Treatment Guidelines: Muscle Relaxants and MTUS: Chronic Pain Medical treatment Guidelines: Opioids respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 52 year old female has complained of low back pain since date of injury 12/17/12. She has been treated with epidural steroid injections, physical therapy and medications to include Zanaflex for at least 2 months duration. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Chronic Pain) Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85 and 88-89.

Decision rationale: This 52 year old female has complained of low back pain since date of injury 12/17/12. She has been treated with epidural steroid injections, physical therapy and medications to include opioids for at least 2 months duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.