

Case Number:	CM15-0039480		
Date Assigned:	04/09/2015	Date of Injury:	02/23/2002
Decision Date:	05/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington

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

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 59-year-old female who reported an injury on 02/23/2002. The mechanism of injury was not provided. The documentation of 08/24/2014 indicated the injured worker had complaints of low back pain radiating to the legs. The documentation indicated the injured worker's medications were renewed, including: Norco 10/325 mg 5 to 6 tablets per day, ibuprofen 800 mg 1 by mouth 3 times a day, Neurontin 300 mg 2 tablets 3 times a day, Paxil 20 mg to 40 mg at bedtime, quinine 325 mg 1 to 2 per day as needed, Flexeril 10 mg 1 tablet at bedtime, Zanaflex capsules 4 mg 2 at bedtime, and glucosamine chondroitin 500/400 mg 1 tablet 4 times a day. The injured worker indicated that she took her medications for pain control as prescribed and they last until the due date. The medications appear appropriate per the physician. The CURES reported was okay. The pill count was correct. The urine drug screen was appropriate. The injured worker indicated pain medication gave her a 2 to 3 point drop in her pain score, equating to approximately a 30% reduction. The injured worker's medications allowed her to improve her function by allowing her to walk from the grocery store to her car and do her water aerobics. The injured worker had weaned Neurontin to 600 mg 3 times a day with no change in pain. The physician discussed trying to wean this further. The injured worker underwent a right total hip arthroplasty for avascular necrosis and was recovering appropriately. The injured worker complained of low back pain with increased pain with back extension and facet loading and focal low back pain. The diagnoses included multilevel lumbar degenerative disc disease. The recommendation was for Zanaflex for a sleep aid and pain reliever and the injured worker was noted to be sleeping well with the use of Zanaflex. Glucosamine chondroitin

was to be utilized as it was a safer alternative for anti-inflammatory and NSAIDs and quinine was to be used to help with leg cramps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex capsule 4mg 2 tablets at bedtime DOS: 8/24/14: 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: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain for less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a 30% reduction in pain and had objective functional improvement. However, this medication is for short term use. The documentation indicated the injured worker was utilizing 2 muscle relaxants. There was a lack of documented rationale for the use of 2 muscle relaxants. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating the specific quantity of medication being requested. Given the above, the request for Zanaflex capsule 4 mg 2 tablets at bedtime DOS 8/24/14 is not medically necessary.

Glucosamine/Chondroitin 500/400mg 1 tablet four times a day DOS: 8/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine and chondroitin sulfate for moderate arthritis pain. The clinical documentation submitted for review failed to indicate the injured worker had arthritis. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the specific quantity of medication being requested. Given the above, the request for glucosamine chondroitin 500/400 mg 1 tablet four times a day DOS: 8/24/14 is not medically necessary.

Quinine 325mg 1-2 day as needed DOS: 8/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/quinine.html>.

Decision rationale: Per Drugs.com Some people have used quinine to treat leg cramps, but this is not an FDA-approved use. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for leg cramps. However, this is not an FDA approved use for the medication. There was a lack of documentation indicating the specific quantity of medication being requested. Given the above the request for quinine 325 mg 1 to 2 day as needed DOS: 8/24/14 is not medically necessary.

Norco 10/326mg 5-6 tablets per day DOS: 8/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was documentation the injured worker had objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the specific quantity of medication being requested. Given the above, the request for Norco 10/325 mg 5 to 6 tablets per day DOS: 8/24/14 is not medically necessary.

Ibuprofen 800mg three times a day DOS: 8/24/14: 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: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional benefit and an objective decrease in pain. However, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for ibuprofen 800 mg three times a day DOS: 8/24/14 is not medically necessary.

Neurontin 300mg 2 tablets three times a day DOS: 8/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: Per Drugs.com Some people have used quinine to treat leg cramps, but this is not an FDA-approved use. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for leg cramps. However, this is not an FDA approved use for the medication. There was a lack of documentation indicating the specific quantity of medication being requested. Given the above the request for quinine 325 mg 1 to 2 day as needed DOS: 8/24/14 is not medically necessary.

Flexeril 10mg 1 tablet at bedtime DOS: 8/24/14: 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: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain for less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a 30% reduction in pain and had objective functional improvement. However, this medication is for short term use. The documentation indicated the injured worker was utilizing 2 muscle relaxants. There was a lack of documented rationale for the use of 2 muscle relaxants. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Flexeril 10 mg 1 tablet at bedtime DOS: 8/24/14 is not medically necessary.