

Case Number:	CM15-0056974		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2006
Decision Date:	05/01/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/25/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 47 year old male, who sustained an industrial injury on 12/4/2006. He reported low back injury after lifting heavy equipment and setting upper body dressing tables for an event. The injured worker was diagnosed as having multilevel advanced lumbar spondylosis and degenerative disc disease. Lumbar magnetic resonance imaging showed lumbar 3-4 facet arthropathy with disc protrusion and lumbar 4-5 and lumbar 5-sacral 1 disc protrusion. Treatment to date has included physical therapy, epidural steroid injection and medication management. In a progress note dated 3/18/2015, the injured worker complains of low back pain. There is no documentation of pain relief from the use of Norco and no changes in function is documented. He has several complicating medical factors. The treating physician is requesting Norco and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief and support of function as a result of use. Several physicians have recently evaluated this individual and there is no reporting of pain relief or increased activity as a result of the use of Norco. Without partial relief of pain from opioids Guidelines recommended discontinued use. This is not a denial of pain, but there is no evidence of opioid effectiveness. Under these circumstances, the Norco 10/325mg #120 is not supported by Guidelines and is not medically necessary.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62-65.

Decision rationale: In general, MTUS Guidelines do not support the chronic use of muscle relaxants for low back pain. The Guidelines do make room for an exception for the use of Zanaflex, however there are no circumstances which appear to support an exception. No recurrent muscle spasms are present and there are no significant benefits documented from the initiation and continued use of Zanaflex. Under these circumstances, the Zanaflex 2mg. #120 is not supported by Guidelines and is not medically necessary.