

Case Number:	CM15-0059651		
Date Assigned:	04/06/2015	Date of Injury:	09/08/2011
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Florida

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 45 year old male with an industrial injury dated 09/08/2011. His diagnoses include chronic non-malignant pain of the low back, lumbosacral radiculopathy and acute flare up of myofascial pain of the low back. Prior treatment included left knee arthroscopy, lumbar epidural steroid injections, diagnostics, physical therapy, visits with mental health practitioner and medications. Progress note dated 03/10/2015 documents the injured worker presents with lumbar spine pain radiating to lower extremities bilaterally. Physical examination revealed the injured worker was uncomfortable, ambulating with antalgic gait and cane. Focal tenderness was noted in the left aspect of the low back. A trigger point injection was administered. The provider notes a request for medications for pain management has been submitted. The injured worker has been unable to obtain his medications. The provider notes the injured worker is suffering from chronic non-malignant pain of the low back and therefore current pharmacological regimen was well justified. Treatment plan was for follow up and for the injured worker to obtain requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of decreased pain and functional improvement with this chronic narcotic pain medication. This request is not considered medically necessary.

Zanaflex 4 mg QTy 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Zanaflex is not medically necessary.