

Case Number:	CM15-0244016		
Date Assigned:	12/23/2015	Date of Injury:	05/27/2014
Decision Date:	01/29/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/15/2015

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: Massachusetts

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 45-year-old female, who sustained an industrial injury on 05-27-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic right-sided low back pain, lumbar degenerative changes with bulging disc (per MRI), lumbar facet arthropathy, and disc spurring. Medical records (06-26-2015 to 11-13-2015) indicate ongoing chronic right-sided low back pain. Pain levels were rated 7-10 out of 10 in severity on a visual analog scale (VAS) without medications, and 1-3 out of 10 with Norco. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW can return to work with restrictions. The physical exam, dated 11-13-2015, revealed moderate distress and positive straight leg raise on the right. Relevant treatments have included: physical therapy (PT), chiropractic treatments, Toradol injection, lumbar epidural steroid injections, work restrictions, and medications (Zanaflex and Percocet for about a month). The treating physician indicates that the last urine drug screen was in 02-2015 and was consistent. It was also reported that there were no aberrant behaviors or adverse side effects, and that there was a pain contract on file. The request for authorization (11-23-2015) shows that the following medications were requested: Zanaflex 4mg #60, and Percocet 10/325mg #60. The original utilization review (12-03-2015) non-certified the request for Zanaflex 4mg #60, and Percocet 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for chronic low back pain with right lower extremity radiating symptoms. In October 2015, medications included Norco, Zanaflex, and Nucynta. She was using a TENS unit. She was in no acute distress. There was lumbosacral junction tenderness and pain with lumbar extension. When seen in November 2015 she was having severe pain and was having difficulty coping with pain levels. She was having difficulty sleeping. Pain was rated at 10/10. With Norco, pain would decrease to 7/10. She had been unable to obtain Nucynta or gabapentin. She was changing positions between sitting and standing to try to get into a comfortable position. Physical examination findings included positive right straight leg raising with reproduction of posterior thigh and calf pain. There had been 10 weeks of pain relief after an epidural steroid injection in August 2015 and she a repeat right L5/S1 transforaminal epidural steroid injection was requested. A trial of Percocet was prescribed, as Nucro was not providing adequate pain control. The total MED (morphine equivalent dose) was increased from 20 to 30 mg per day. Relafen and Zanaflex were prescribed. A Toradol injection was administered. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. Ongoing prescribing is not considered medically necessary.

Percocet 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for chronic low back pain with right lower extremity radiating symptoms. In October 2015, medications included Norco, Zanaflex, and Nucynta. She was using a TENS unit. She was in no acute distress. There was lumbosacral junction tenderness and pain with lumbar extension. When seen in November 2015 she was having severe pain and was having difficulty coping with pain levels. She was having difficulty sleeping. Pain was rated at 10/10. With Norco, pain would decrease to 7/10. She had been unable to obtain Nucynta or gabapentin. She was changing positions between sitting and standing to try to get into a comfortable position. Physical

examination findings included positive right straight leg raising with reproduction of posterior thigh and calf pain. There had been 10 weeks of pain relief after an epidural steroid injection in August 2015 and she a repeat right L5/S1 transforaminal epidural steroid injection was requested. A trial of Percocet was prescribed, as Norco was not providing adequate pain control. The total MED (morphine equivalent dose) was increased from 20 to 30 mg per day. Relafen and Zanaflex were prescribed. A Toradol injection was administered. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having moderate to severe pain and Norco at a lower MED was not providing adequate pain relief. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing is medically necessary.