

Case Number:	CM14-0138217		
Date Assigned:	09/05/2014	Date of Injury:	07/31/2013
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 58-year-old female was reportedly injured on July 31, 2013. The most recent progress note dated June 26, 2014 revealed complaints of neck pain, numbness, and tingling. At this visit pain is rated 8 out of 10 on visual analog scale (VAS) with pain medications and a 9 out of 10 without medications. The physical examination demonstrated tenderness to the cervical and lumbar paravertebral muscles decreased lumbar spine range of motion and tenderness of long the lumbar spine paraspinal muscles and bilateral SI joints. There was a positive right-sided straight leg raise test. Decreased sensation was noted at the right L5 and S1 dermatomes. Diagnostic imaging studies of the lumbar spine reveals mild to moderate neural foraminal stenosis at L5 - S1. Previous treatment includes physical therapy, chiropractic care, acupuncture, and medications. A request had been made for Norco 5/325 and Zanaflex and was not certified in the pre-authorization process on August 21, 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the medical records to include the appeal dated August 19, 2014, indicates that the injured employee has had pain rated at 8/10 without medications and 6/10 with medications. However there has been no documentation regarding this medications ability to improve the injured employee's functional status and ability to perform activities of daily living. Considering this, this request for Norco 5/325 is not medically necessary.

ZANAFLAX 4MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the attached medical record the injured employee does have spasms identified on physical examination and exacerbations of pain upon returning to work. Considering this, this request for Zanaflex is medically necessary.