MAXIMUS Federal Services

Case Number:	CM14-0160964		
Date Assigned:	10/06/2014	Date of Injury:	09/12/1998
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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 injured worker is a 51 year old male with a date of injury on 9/12/1998. As per the report of 9/17/14, he complained of chronic low back pain radiating to his left lower extremity. He had been taking tramadol with 50% pain relief. He also had been taking Norco intermittently for pain flare ups, which reduced his pain from a 10/10 to 7/10. The medication helped him perform his work. He denied adverse effects from his medications. There were no acute changes to his pain condition. He has not had medications in quite some time. On exam he had antalgic gait. A report dated 7/10/13, 3/24/14, and 9/26/14 indicated spasm and guarding of lumbar spine, and positive straight leg raising (SLR) on the left. A urine drug screen (UDS) dated 9/17/14 was negative for all entities, which was consistent with his intermittent use of Norco. His Drug Enforcement Administration (DEA) cures report was consistent with compliance. L-spine magnetic resonance imaging (MRI) (undated) showed lumbar stenosis at L4-5 and L5-S1 with probable nerve root impingement. He is on Norco, Anaprox DS, Zanaflex HCL and Ultram. Pain was rated at 7/10 with medications on 9/17/14, 7/10 without on 8/19/14 and 3/24/14, 6/10 with medications on 11/18/13, and 5/10 with medications on 7/10/13. He had been utilizing Zanaflex since the time of his initial evaluation on 12/14/09 with benefit. Diagnoses include chronic pain neck, stenosis spinal lumbar, sciatica, and disorders sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Hydrocodone-APAP (Norco) 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for useOpioids, specific drug listHydrocodone (Vicodin, Lortab) Page.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods. There is little to no documentation of any significant improvement in pain level (i.e. Visual Analog Scale [VAS]) or function with prior use to demonstrate the efficacy of this medication. The injured worker is also taking Tramadol. Concurrent use of multiple short acting opioids is not warranted. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

90 Tablets of Tizanidine (Zanaflex HCL) 4mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or any neurological disorders in this injured worker. There is no documentation of trial of first line therapy. There is little to no evidence of any significant improvement in function with prior use. Therefore, the request is not medically necessary according to the guidelines.

90 Tablets of Tramadol (Ultram) 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list Page(s): 91.

Decision rationale: Tramadol is a synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California Medical Treatment Schedule (MTUS) Guidelines indicate "four domains have been proposed as most

relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, the injured worker has claimed significant improvement in pain level (i.e. Visual Analog Scale [VAS]), however a recent urine drug test showed inconsistent results, negative for all entities. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs). There is no documentation of attempt to return to work. Therefore, the medical necessity of Tramadol has not been established.