

Case Number:	CM14-0161367		
Date Assigned:	10/06/2014	Date of Injury:	01/25/2001
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
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 Physical Medicine & Rehabilitation 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 female with a reported date of injury on 01/25/2001. The mechanism of injury was not stated. Her diagnoses included chronic pain syndrome, lumbar spine radiculopathy, lumbar disc displacement with annular tear (awaiting AME); gastropathy secondary to medication use, constipation secondary to chronic use of analgesics. Her past treatments included injections and medications. Diagnostic studies included discography and an MRI, no further information was submitted. She complained of low back pain. Upon physical examination on 07/03/2014 the injured worker had tenderness at the L4-L5 levels, myofascial trigger points were noted, and sensation was decreased in the posterior thighs. The injured worker had a positive straight leg raise bilaterally at 60 degrees, and ambulated with an antalgic gait. An assessment of the lumbar spine range of motion revealed extension to 10 degrees, right lateral to 15 degrees, left lateral to 15 degrees, and flexion was two feet from the floor. Her medications included Norco 10/325mg every 6 hours, Zanaflex 4mg every 6 hours for muscle spasms, Cartivisc three times per day, Tramadol 50mg every six hours as needed, and Lunesta 3mg at bedtime. Her treatment plan was to continue medications, continue a home exercise program, continue home care 3-4 hours per day, obtain transportation for medical appointments and return to the clinic two months later. Requests were submitted for Zanaflex 4mg, 1tab Q6H #120 (2), Norco 10/325mg, 1tab Q6H #120 and Cartivisc (Glucosamine/Chondroitin) 1-3 tabs per day #90 to continue current medication. The request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg; 1tab Q6H #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): page(s) 63-66..

Decision rationale: The request for Zanaflex 4mg; 1tab Q6H #120 is not medically necessary. The California 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 low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed Zanaflex since at least 05/2014; continued use of the medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication.

Norco 10/325mg, 1tab Q6H #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): page(s) 78..

Decision rationale: The request for Norco 10/325mg, 1tab Q6H #120 is not medically necessary. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation demonstrating the injured worker has undergone urine drug screening to assess the injured worker's compliance with their complete medication regimen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain.

Cartivisc (Glucosamine/Chondroitin) 1-3 tabs per day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine, Page(s): page(s) 50.

Decision rationale: The request for Cartivisc (Glucosamine/Chondroitin) 1-3 tabs per day #90 is not medically necessary. The medication Cartivisc is comprised of glucosamine sulfate, methylsulfonylmeth, and chondroitin sulfate. The California MTUS guidelines note glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, doubleblind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. There is a lack of documentation which demonstrates the injured worker has a diagnosis of osteoarthritis. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation.