

Case Number:	CM14-0098944		
Date Assigned:	09/03/2014	Date of Injury:	09/09/2011
Decision Date:	10/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal 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 57 year old male injured on 09/09/11 due to unspecified specific injury; however, the injured worker also complained of continuous trauma related to normal job duties. Diagnoses included degeneration of intervertebral disc site unspecified, post-laminectomy syndrome of lumbar spine, and thoracic spine or lumbosacral spine neuritis or radiculitis unspecified. Clinical note dated 03/31/14 also indicated diagnostic impression of injury to the left calf with tear of gastrocnemius. Physical examination revealed 1cm difference in the left calf compared to right, full range of motion of the left knee, and no specific tenderness or swelling. Treatment plan included home strengthening program. Clinical note dated 06/04/14 indicated the injured worker presented complaining of continued back pain with intermittent numbness and tingling. Physical examination revealed residual tenderness and spasms in the lumbar spine, decreased range of motion, straight leg raise test positive bilaterally, reflexes/sensation/motor strength well preserved, pushed off from sitting position, and walked slowly. List of medications was not provided for review. Initial request was non-certified on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 1 tablets by mouth 2 times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As such, the medical necessity of Zanaflex 4mg #60 1 tab po 2 x day is not medically necessary.

Norco 10/325mg #60 1 tablet by mouth 2 times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325mg #60 1 tab po 2 x day is not medically necessary at this time.

Dendracine lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain menthol, capsaicin, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound is not medically necessary.