MAXIMUS Federal Services

Case Number:	CM14-0213576		
Date Assigned:	12/31/2014	Date of Injury:	06/15/2002
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/20/2014

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. 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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 48-year-old man who sustained a work-related injury on June 15, 2002. Subsequently, the patient developed chronic low back pain. According to a progress report dated November 13, 2014, the patient complained of persistent back pain, muscle spasm, and radiating pain in his left leg. The patient was continuing to work. The patient stated he cannot function without pain medication. The patient rated his pain level as a 10/10 without medication and 4/10 with medication. Upon examination, the patient displayed palpable rigidity suggesting muscle spasm. The patient had significantly decreased lumbar trunk flexion and extension. Bilateral straight leg raise test at 80 degrees caused left sided back pain that radiated to the left buttock and posterior thigh. The patient reported altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. The patient ambulated with a limp and deep tendon reflexes were +1 at the knees and ankles. His toes were downgoing to the plantar reflex bilaterally. The patient was under narcotic contract and his urine drug screens have been appropriate. The patient was diagnosed with lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least December 2011 without documentation of functional improvement or improvement of activity of daily living.

Prospective request for 1 prescription of Zanaflex 6mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Effivacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Zanaflex for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication.