

Case Number:	CM15-0008815		
Date Assigned:	01/26/2015	Date of Injury:	03/09/2005
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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 injured worker is a 53 year old female, who sustained an industrial injury on 03/09/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with recurrent moderate depressive episodes, anxiety state, degeneration of lumbar intervertebral disc, bilateral lumbar post-laminectomy syndrome, and left lumbosacral radiculopathy. Treatment to date has included above listed surgical procedure, an oral medication regimen, physical therapy, and a functional restoration program. Currently, the injured worker complains of low back pain and stiffness with numbness to the left lower extremity, occasional left shoulder pain that radiates to the spine, and intermittent migraine headaches. The treating physician requested Hydrocodone/Acetaminophen noting that this medication allows for an increase level of function. The treating physician requested Pennsaid and Zanaflex, but did not indicate the reason for use of these medications. On 01/06/2015 Utilization Review non-certified the requests for Zanaflex 2mg capsule one every eight hours with a quantity of 90 for two refills; Pennsaid 1.5% topical drops, apply 40 drops to the affected knees four times a day with a quantity of one 150ml bottle with two refills; Hydrocodone 10mg/Acetaminophen 325mg tablet, one tablet four times a day as needed with a quantity of 180, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: Muscle Relaxants (for pain); Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications; Topical Analgesics and Official Disability Guidelines-Treatment In Workers' Compensation, Online Edition, Chapter: Pain (Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg # 180, 1 QID prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Hydrocodone-Acetaminophen 10/325mg # 180, 1 QID prn is not medically necessary.

Zanaflex 2mg #90 with 2 refills, 1 Q8 hrs: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, The request for Zanaflex 2mg #90 with 2 refills, 1 Q8 hrs is not medically necessary.

Pennsaid 1.5 % Topical Drops #150ml bottle with 2 refills, apply 40 drops to affected knees 4 times a day: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of the cervical, back, knee and shoulder pain. In addition, there is no evidence of long term benefit of topical NSAID. Based on the above, the prescription of Pennsaid for long term is not recommended. Based on the above, Pennsaid 1.5 % Topical Drops #150ml bottle with 2 refills, apply 40 drops to affected knees 4 times a day is not medically necessary.