

Case Number:	CM15-0010193		
Date Assigned:	01/27/2015	Date of Injury:	06/15/2002
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male who sustained a work related injury June 15, 2002. According to a treating physician's progress report, dated December 3, 2014, the injured worker presented with persisting back pain, muscle spasms, and radiating pain in his left leg. The pain is rated 8/10 without medications and 4/10 with medications. Physical examination reveals palpable rigidity in the lumbar trunk and muscle spasm noted; flexion 30 degrees, extension 5 degrees. Standard leg raise right and left are both 80 degrees causing left sided back pain that radiates to the left buttock and posterior thigh. He reports sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. He ambulates with a limp. Diagnoses are lumbar sprain/strain with lumbar degenerative joint disease and facet arthrosis per imaging studies, low back pain. Treatment included refilling medications; continue exercise regime as instructed and self-modifications at work. According to utilization review dated December 16, 2014, the request for Norco 10/325mg #150 has been modified to Norco 10/325mg #90. The request for Zanaflex 6mg #60 has been modified to Zanaflex 6mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and maintained regular duty work status with ongoing medication consumption, including ongoing Norco consumption, the attending provider has posited. The applicant's ability to perform activities of daily living such as driving a tractor, doing household chores, and working on a farm have all reportedly been ameliorated as a result of ongoing Norco usage. Continuing the same, on balance, was/is indicated. Therefore, the request was medically necessary.

Zanaflex 6mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants.

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain, as was/is present here. As with the request for Norco, the applicant had demonstrated a favorable response to and evidence of functional improvement as defined in MTUS by achieving and/or maintaining successful return to work status with ongoing Zanaflex usage. The applicant is reporting a 50% reduction in pain scores with ongoing Zanaflex usage. The applicant's ability to drive a tractor and perform other chores of the farm have, furthermore, also been ameliorated as a result of ongoing Zanaflex usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.