

Case Number:	CM15-0110916		
Date Assigned:	06/17/2015	Date of Injury:	06/14/2010
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on 6/14/10. The diagnoses have included backache, lumbar degenerative disc disease (DDD), lumbar facet syndrome, and lumbar degenerative joint disease (DJD). Treatment to date has included medications, activity modifications, surgery, diagnostics, epidural steroid injection (ESI) and other modalities. Currently, as per the physician progress note dated 5/22/15, the injured worker complains of pain that is unchanged since the last visit. The pain is rated 4/10 on pain scale with medications and 8/10 without medications. The objective findings reveal that he has global antalgic gait, slowed and stooped gait without use of a device. The lumbar spine exam reveals restricted range of motion with pain in flexion, extension, right and left lateral bending. On palpation of the paravertebral muscles there is hypertonicity, tenderness and tight muscle band noted on both sides. Lumbar facet loading is positive both sides and Faber test is positive. The sensory exam reveals that light touch sensation is patchy in distribution. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The physician noted that he is currently stable on his medications and with his medications the pain is manageable and at a tolerable level that he can perform his activities of daily living (ADL) and do activities with pain at a minimal to moderate level. The current medications included Neurontin, Zanaflex, Cymbalta, Robaxin and Percocet. There is no previous urine drug screen report noted. The physician requested treatments included Percocet 10/325mg #135 and Zanaflex 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #135 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is backache NOS. Documentation from an October 15, 2014 utilization review states weaning Percocet was recommended. Additional documentation indicates the injured worker drinks to alcoholic beverages per day. Urine drug toxicology screens showed alcohol and cannabis. Percocet was noncertified on November 19, 2014. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. And there has been no attempt at weaning. A progress note dated May 22, 2015 indicates the treating provider is still prescribing Percocet 10/325 mg. There is no documentation reflecting objective functional improvement. The treating provider has still not attempted to wean Percocet from the injured worker. Objectively, there is tenderness to palpation over the lumbar spine with decreased range of motion. Consequently, absent clinical documentation with objective functional improvement, risk assessments, detailed pain assessments, and attempt to wean Percocet, non-certification of a prior Percocet request and evidence of objective functional improvement to support ongoing Percocet 10/325 mg, Percocet 10/325mg #135 is not medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is backache NOS. According to documentation from an October 15, 2014 progress note, Robaxin was noncertified. Robaxin was again noncertified in a November 19, 2014 progress note. There was no attempt at weaning Robaxin. Robaxin is indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbation of chronic low back pain. In a May 22, 2015 progress note (request for authorization May 17, 2015), Robaxin is listed as a current medication. Zanaflex is listed in the treatment plan. Zanaflex replaced ongoing Robaxin. There is no documentation demonstrating objective functional improvement. Muscle relaxants (Robaxin and Zanaflex) had been prescribed as far back as October 2014. The exact start date is unclear based on the medical records available for review. According to a May 22, 2015 progress note, there is tenderness palpation and decreased range of motion, but no spasm noted. Additionally, Zanaflex is recommended for short-term (less than two weeks). Muscle relaxants have been prescribed, at a minimum, in excess of seven months. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Zanaflex, documentation of any acute exacerbation of chronic low back pain and an ongoing prescription in excess of seven months (with guideline recommendations not to exceed two weeks), Zanaflex 4 mg #30 is not medically necessary.