

Case Number:	CM15-0118682		
Date Assigned:	06/29/2015	Date of Injury:	04/14/1988
Decision Date:	09/15/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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 York
 Certification(s)/Specialty: Emergency 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 77 year old female, who sustained an industrial injury on April 14, 1988. She reported severe back pain with muscle spasm when bending over to pick up a pen. The injured worker was diagnosed as having chronic pain syndrome, degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis - unspecified, and lumbosacral spondylosis without myelopathy. Diagnostic studies to date have included: On November 14, 2014, an MRI of the lumbar spine revealed grade 1 anterolisthesis of lumbar 4 over lumbar 5 and lumbar 5 over sacral 1, bilateral spondylosis of lumbar 5, multilevel lumbar canal stenosis and foraminal narrowing at lumbar 2-lumbar 3. Treatment to date has included acupuncture with success, yoga, lumbar epidural steroid injections, medial branch block, facet joint injections, and medications including two opioids, muscle relaxant, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. There were no other noted dates of injury documented in the medical record. Comorbid diagnoses included history of hypertension, diabetes type 2, degenerative arthritis, hypothyroidism secondary to cancer - status post thyroidectomy, and hypercholesterolemia. On June 3, 2015, the injured worker complains of bilateral low back pain that radiates intermittently into the legs and buttocks, which is worse. Her pain is rated: current = 3/10, worst = 3/10, least = 4/10, and usual 5/10. Her sleep pattern and functionality are worse. She reports needing the Norco and Tramadol to remain active and functional. She continues to use Zanaflex as needed for muscle spasms and muscle pain. She is retired. The physical exam revealed no muscle spasms of the spine, bilateral straight leg raises positive for radicular pain at 60 degrees, diffuse facet tenderness bilaterally, and bilateral sciatic

notch tenderness, worse on the left. There was good lower back range of motion with ability to flex forward and touch to almost the knees. There was a normal gait, piriformis tenderness, greater trochanter area tenderness, ability to stand on toes without difficulty, and inability to stand on heels. There was normal sensation, normal muscle strength, and decreased deep tendon reflexes of the bilateral upper extremities. There was hypersensitivity to touch of the posterior legs and pain to touch of the feet. There was normal motor strength and decreased deep tendon reflexes of the bilateral lower extremities. The treatment plan includes continuing the Norco 10/325mg one tablet three times a day as needed and Zanaflex at bedtime as needed for muscle cramps or spasm. Requested treatments include: Norco and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, the continuation of opioids is recommended when the injured worker has returned to work and if their functioning and pain has improved. The medical records show that the injured worker has been taking Norco since at least December 2014. The medical records show that there was a lack of functional improvement and worsening of her pain with the ongoing use of Norco. The records do not include drug screen results. Additionally, the request does not include dosing or frequency. Without support of the guidelines, the request for Norco is not medically necessary.

Zanaflex 4 MG Qty 30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Zanaflex is an antispasticity/antispasmodic muscle relaxant medication that has been approved by the Food and Drug Administration (FDA) for spasticity management and it has "an unlabeled use for low back pain". The medical records show that the injured worker has been taking Zanaflex since at least December 2014. The injured worker reported worsening of her pain, sleep

pattern, and functionality with the ongoing use of Zanaflex. Therefore, the Zanaflex is not medically necessary.