

Case Number:	CM15-0122402		
Date Assigned:	07/06/2015	Date of Injury:	02/14/2003
Decision Date:	09/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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 61 year old male, who sustained an industrial injury on 2/14/03. He reported slipping and falling on a wet floor, striking his head; following the injury he developed frequent falls and noted back pain, difficulty moving hands and neck pain. The injured worker was diagnosed as having low back pain, status post discectomy/posterior fusion, status post lumbar decompressive surgery, right carpal tunnel release, status post ulnar nerve transposition of right elbow and bilateral knee pain. Treatment to date has included oral medications including Percocet 10/325mg, Neurontin 800mg, Colace 100mg, Prilosec 20mg and Zanaflex 4mg; lumbar fusion, bilateral S1 transforaminal episteroidal injections, cane and front wheeled walker for ambulation, physical therapy, acupuncture, psychotherapy and activity restrictions. Currently on 5/5/15, the injured worker reports ongoing neck, shoulder, low back and knee pain. He is medically retired. Objective findings on 5/5/15 were noted to be unchanged; on 3/10/15 objective findings were noted to be ambulation with a cane and no significant antalgic gait. A request for authorization was submitted for Percocet 10/325mg, Neurontin 800mg and Zanaflex 4mg on 6/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg/325mg tablets quantity 120.00: Upheld

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

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

Decision rationale: According to the CA MTUS Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy, furthermore, physical exam was not documented. The injured worker has utilized Percocet for greater than 1 year. He is currently medically retired. Documentation does not include support of functional improvement with this medication. Records do not include drug testing results. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet is not medically necessary.

Retrospective DOS 6/2/2015 Zanaflex 4mg tablets quantity 120.00: 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): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported lumbar spasm; there is no documentation of a physical exam and no documented improvement from this medication. Also, the guideline criteria do not support the long-term use of muscle relaxants. Liver function Tests should be monitored baseline, 1, 3 and months. Toxicity monitoring is not noted within the documentation. He has utilized muscle relaxants for greater than one year. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.