

Case Number:	CM15-0124522		
Date Assigned:	07/15/2015	Date of Injury:	12/02/1999
Decision Date:	09/08/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pediatrics, 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 65 year old female, who sustained an industrial injury on 12-2-1999. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbago, low back pain, cervicgia, cervical pain, leg joint pain, knee pain. Treatment to date has included medications. The request is for Norco 10-325 mg #180 (Hydrocodone-APAP); and Zanaflex 4 mg #60 with 4 refills. On 3-11-2015, she complained of sever left knee pain that extends into the left leg with swelling noted above the knee. She is reported to be stable on her current medications. She reported going to the hospital for pneumonia and taking her medications with her. She reported the hospital did not return her medications to her. Her current medications are: Elavil, Savella, Zanaflex, and Flurbiprofen-capsaicin cream, Gabapentin, Norco, and Ibuprofen. Her blood pressure is not recorded. Physical examination revealed swelling, crepitus and tenderness in the knee, along with decreased flexion and extension. She is also noted to have tenderness in the lumbar spine region. The treatment plan included: continuation of the current medications, Toradol injection as needed, and follow up. On 5-5-2015, she complained of pain in the leg, knee, neck, and back. She indicated her pain to be about the same, and having some trouble with her left lateral thigh. She rated her pain 7 out of 10 on a pain scale with the use of medications. Her current medications are: Elavil, Savella, Ibuprofen, Norco, Zanaflex, Flurbiprofen-capsaicin cream, and Gabapentin. Physical findings revealed: her blood pressure as 113 over 80 mg Hg, pulse 77, atrophy and bogginess in the cervical spine otherwise a normal exam; tenderness in the left upper extremity with pain on resisted abduction; tenderness in the right upper extremity with pain on resisted abduction; the knee was tender on palpation with a

noted bakers cyst and positive McMurray's test, and decreased range of motion and pain with flexion. The treatment plan included: continuation of medications as listed: Norco, and Zanaflex. She is noted to be permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #180 (Hydrocodone-APAP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the records indicate she has been utilizing Norco since at least January 2015, possibly longer. She is noted to be permanently disabled. The records do not indicate her functional status, improvement to her quality of life with the use of Norco, appropriate use of the medication, or any known side effects with the use of Norco. In addition, the records do not indicate her current pain level with the use of Norco; her least reported pain over the period since her last assessment; her average pain level with the use of Norco; the intensity of pain after taking Norco; how long it takes for pain relief to occur with the use of Norco; or how long pain relief lasts with the use of Norco. The recommended CA MTUS guidelines criteria have not been met regarding the use of Norco. Therefore, the request of Norco 10-325 mg #180 (Hydrocodone-APAP) is not medically necessary.

Zanaflex 4 MG #60 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration approach to chronic pain management; functional improvement definition; Muscle relaxants (for pain) Page(s): 1, 8-9, 63-66.

Decision rationale: Per the CA MTUS guidelines, Zanaflex (Tizanidine) is a muscle relaxant. Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The MTUS Chronic Pain Treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. There is no additional benefit shown in combination with non-steroidal anti-inflammatory agents (NSAIDs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. In this case, the injured worker has chronic pain with no evidence of prescribing for flare-ups. She is noted to be permanently disabled. The records do not indicate a reduction in work restrictions, or reduction in dependency on continued medical treatment. The records also do not indicate significant improvement in her activities of daily living with the use of Zanaflex. Therefore, the request for Zanaflex 4 mg #60 with 4 refills is not medically necessary.