

Case Number:	CM15-0175642		
Date Assigned:	09/17/2015	Date of Injury:	07/01/2006
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 7-01-2006. Diagnoses include lumbar or lumbosacral disc degeneration at S1 level, thoracic or lumbosacral neuritis or radiculitis, internal derangement of knee and current tear of medial cartilage or meniscus of knee. Treatment to date has included left knee arthroscopy, acupuncture and medication management. Medications as of 7-23-2015 include Zanaflex, Ambien, Norco, Butrans and Voltaren gel. Per the Primary Treating Physician's Progress Report dated 7-23-2015, the injured worker presented for chronic pain in the lumbar spine which radiates to the bilateral legs. She reported continued pain in her back and knees. She has hip pains and is unable to sleep on the left side now. She is no longer on ibuprofen due to increased blood pressure. Objective findings of the lumbar spine included very guarded range of motion (ROM). There was tenderness upon palpation of the paravertebral muscles and a tight muscle band with trigger point is noted on both sides. There were multiple myofascial trigger points and lumbar facet loading was positive bilaterally. She has completed a 6 day trial of acupuncture with good benefit noted in ROM, function and level of pain. Per the medical records dated 2-24-2015 to 7-23-2015 there is no documentation of improvement in symptomology, increase in function or activities of daily living, or a decrease in pain level attributed to the use of the prescribed medications. She has been prescribed s Ambien, Butrans, Voltaren, Zanaflex and Norco since at least 2-24-2015. The plan of care included continuation of prescribed medications and authorization was requested on 8-04-2015, for Ambien, Butrans, Voltaren, Zanaflex and Norco. On 8-21-2015, Utilization Review modified the request for Zanaflex 4mg #30, Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with moderate to severe low back pain and knee pains. She has more hip pains and can't sleep on left side now. The request is for ZANAFLEX 4MG #30 WITH 3 REFILLS. The request for authorization is dated 09/23/15. The patient is status post left knee arthroscopy. Physical examination of the lumbar spine reveals range of motion very guarded. On palpation, paravertebral muscles, tenderness, tight muscle band and triggering point is noted on both the sides. Lumbar facet loading is positive on both the sides. Straight leg raising and FABER tests are positive on the left side. Tenderness noted over piriformis muscle and sacroiliac joint on the left side. On sensory examination, dysesthesias are present over lateral calf and lateral thigh on the left side. She completed 6 day trial of acupuncture therapy with good benefit noted in ROM, dunction and level of pain. Medication, HEP, TENS unit, helped alleviate her pain in the last few years. The patient's medications include Norco, Ambien, Butrans, Voltaren, and Zanaflex. Per work status report dated 09/23/15, the patient is on modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/23/15, treater's reason for the request "is beneficial for her muscle spasms." The patient is prescribed Zanaflex since at least 09/12/14. In this case, the patient is diagnosed with myofascial pain for which Zanaflex is indicated per MTUS. However, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with moderate to severe low back pain and knee pains. She has more hip pains and can't sleep on left side now. The request is for NORCO 10/325MG #120. The request for authorization is dated 09/23/15. The patient is status post left knee arthroscopy. Physical examination of the lumbar spine reveals range of motion very guarded. On palpation, paravertebral muscles, tenderness, tight muscle band and triggering point is noted on both the sides. Lumbar facet loading is positive on both the sides. Straight leg raising and FABER tests are positive on the left side. Tenderness noted over piriformis muscle and sacroiliac joint on the left side. On sensory examination, dysesthesias are present over lateral calf and lateral thigh on the left side. She completed 6 day trial of acupuncture therapy with good benefit noted in ROM, function and level of pain. Medication, HEP, TENS unit, helped alleviate her pain in the last few years. The patient's medications include Norco, Ambien, Butrans, Voltaren, and Zanaflex. Per work status report dated 09/23/15, the patient is on modified duty. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Per progress report dated 09/23/15, treater's reason for the request is "Norco medication will continue to provide: 1-Activity tolerance with RTW and ADLs. 2-Analgesia. she has 30-40% improvement in pain level with use of medication. 3-Adverse effects not reported. 4-Aberrant behavior never noted. The 4"As" guided the opioid therapy in the last 3 years." Patient has been prescribed Norco since at least 09/12/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. In this case, treater has discussed some but not all of the 4A's as required by MTUS guidelines. Therefore, given the lack of documentation, the request IS NOT medically necessary.