

Case Number:	CM15-0179350		
Date Assigned:	09/21/2015	Date of Injury:	01/28/2010
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/11/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female who sustained an industrial injury on 1-28-10. Diagnoses are noted as lumbar fusion at L4-L5, lumbar radiculopathy, and depression related to chronic pain. Previous treatment includes Flexeril, Zanaflex, surgery 6-14-11, lumbar spine MRI 9-27-13 and 5-7-14, and transcutaneous electrical nerve stimulation. In a medical progress report dated 6-8-15, it is noted that 7 tablets of Norco daily adequately control her pain and she is taking Soma 2-3 times per day, and Lyrica. It is noted that the psychiatrist increased her Xanax, started her on Trazadone, and discontinued Ambien and Zoloft. In a progress report dated 8-31-15, the primary treating physician notes her back pain "has been about the same to worse." In a medical progress report dated 9-1-15, the physician notes she continues to experience chronic low back pain with left lower extremity pain and associated paresthesias. Pain is rated at 8 out of 10. Stretching her leg out and bearing weight on her left leg increases the pain. Also noted are intermittent right lower extremity pain and paresthesias. Pain is causing her to have difficulty getting out of bed and with showering. It is reported that 4-5 days prior, her left leg gave out on her, the 5th digit of her right foot hit a corner and she was evaluated and diagnosed with a fracture of the 5th digit. She was instructed to buddy tape her toes and was not given a prescription for medications. It is noted she is taking 6 tablets of Norco daily to adequately control her pain and she reduced her Soma to 1 tablet daily and utilizes a TENS (transcutaneous electrical nerve stimulator). Objective findings reveal a slow antalgic gait, difficulty in standing up from a deep-seated position, moderate to severe lumbosacral paraspinal tenderness and bilateral gluteal tenderness to palpation, and severely limited lumbar flexion. There is

diminished sensation to light touch throughout the left lower extremity. Straight leg raise test is positive bilaterally. It is noted she follows up with a psychiatrist for depression and anxiety who prescribes Xanax, Trazadone and Lexapro. The most recent urine drug screen from 12-23-14 was consistent with prescribed medications. The CURES report was noted as reviewed and consistent with prescribed medications and that an updated opioid agreement was signed 9-1-15. Work status is modified duty. The treatment plan notes refill Norco (max 6 per day), discontinue Soma, trial Lorzone 750mg half to 1 tablet as needed for spasms as she is unable to tolerate Flexeril and Zanaflex, continue Lyrica for left leg radicular pain, continue Prilosec, reserve repeat Toradol injection for future flare ups of pain, follow up with psychiatrist, may consider functional restoration program, and follow up with lumbar spine MRI requested. The requested treatment of Norco 10-325mg #180 was modified to Norco 10-325mg #60 and Lorzone 750mg #60 was non-certified on 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Due to lack of documented functional improvement with opioid therapy, the requested Norco fails to meet MTUS criteria. The request is not medically necessary.

Lorzone 750mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not support the chronic, continuous use of muscle relaxants. Per office notes, the injured worker was unable to tolerate other muscle relaxants due to sedation, and a trial of chlorzoxazone for prn use was initiated. A limited trial of chlorzoxazone for episodes of painful muscle spasm is consistent with MTUS recommendations. The request is medically necessary.

