

Case Number:	CM15-0029808		
Date Assigned:	02/23/2015	Date of Injury:	08/09/2009
Decision Date:	04/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 26 year old female, who sustained an industrial injury on 8/9/09. She has reported lumbar spine, right wrist and left knee. The diagnoses have included mechanic al low back pain, lumbar degenerative disc disease, right sacroiliitis, right L5 radiculopathy, lumbar spondylosis and myofascial pain syndrome. Treatment to date has included physical therapy, TENS unit, activity restrictions and medications. (MRI) magnetic resonance imaging of lumbar spine dated 11/30/14 noted L3-4 bulging disc with facet and ligamentum flavum hypertrophy causing mild bilateral foraminal stenosis, L4-5 bulging disc and osteophyte complex measuring 2mm with facet and ligamentum flavum hypertrophy causing mild foraminal stenosis and L5-S1 bulging disc and osteophyte complex 1.4mm with mild to moderate foraminal stenosis.

Currently, the injured worker complains of sharp constant low back pain with radiation to mid back, also intermittent pain radiating down her bilateral legs accompanied by burning, aching, numbness and tingling sensations. Physical exam dated 1/29/15 revealed tenderness to palpation along the lumbar spine, mild tenderness to palpation left sacroiliac joint, severe tenderness to palpation of right sacroiliac joint and moderate tenderness to palpation bilateral lumbar paraspinous muscles. This individual continues to work. On 2/11/15 Utilization Review non-certified Zanaflex 4mg, noting the long term use of muscle relaxants is not recommended Norco 10/325mg and Mobic 15mg, noting the lack of functional improvement with prior use. The MTUS, ACOEM Guidelines, was cited. On 2/13/15, the injured worker submitted an application for IMR for review of Zanaflex 4mg, Norco 10/325mg and Mobic 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

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

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

Decision rationale: MTUS Guidelines supports the judicious use of opioids when there is pain relief, functional improvements (best evidenced by work activities) and the lack of drug related aberrant behaviors. This individual qualifies for the careful use of opioids using Guideline criteria. Use is fairly minimal prn, she is working and there are no drug misuse issues. Under these circumstances the Norco 10/325mg #90 is supported by Guidelines and is medically necessary.

Mobic 15 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-70.

Decision rationale: Although MTUS Guidelines discourage the chronic daily use of NSAIDs for routine low back pain, the Guidelines do support their use for inflammatory conditions/ neuropathic pain. This individual has a neuropathic component to her pain with a well established radiculitis. With the current medications she has been able to maintain a work schedule. Under these circumstances, the Mobic 15mg #30 is supported by Guidelines and is medically necessary.

Zanaflex 4 mg #30: Overturned

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

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

Decision rationale: MTUS Guidelines do not recommend the long term daily use of sedating muscle relaxants, however the Guidelines do give some support to the long term use of Zanaflex, a non-sedating antispasmodic. Guidelines note that several studies support its use with chronic low back pain. Given the overall circumstances with this individual working with the apparent

benefits from her current medications, the Zanaflex is consistent with Guidelines and is medically necessary.