

Case Number:	CM15-0032429		
Date Assigned:	02/25/2015	Date of Injury:	03/13/2009
Decision Date:	06/30/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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 54 year old male, who sustained an industrial injury on 3/13/09. Initial complaints were not reviewed. The injured worker was diagnosed as having degenerative lumbar/lumbosacral intervertebral dis; cervical spondylosis without myelopathy; unspecified myalgia and myositis; lumbosacral spondylosis without myelopathy; displacement lumbar disc without myelopathy. Treatment to date has included right L1, L2, L3, L4, L5 facet medial branch blocs (2/16/11); urine drug screening; medications. Diagnostics included MRI lumbar spine (12/1/10 and 5/21/13). Currently, the PR-2 notes dated 2/4/15 indicated the injured worker complains of low back pain right greater than the left with radiculopathy into the medial aspect of the right leg proximal to the knee. He returns on this date for a re-evaluation since last visit on 1/7/15 noting Lyrica was increased and worked well. He continues to have low back and leg pain. He uses a cane for ambulation. Norco and Methadone are helping manage his pain levels. Average pain since last visit is documented as 6/10 with functional level at 4/10. He complains of poor quality of sleep due to his pain and not using a sleep aid. Prior MRI's of the lumbar spine were reviewed - 12/1/10 and 5/21/13. A physical examination id documented reporting his continuation of low back pain that is worse with activity with axial pain bilateral leg pain. He has ongoing lumbar paraspinal muscle tenderness - noted spondylosis and spondylolisthesis. His gait is mildly antalgic and uses a cane to ambulate. His medications are working. The treatment plan discussed consideration of selective nerve root blocks/transforaminal epidural steroid injections; consideration of repeat right L2, 3, 4, 5 medial branch blocks, surgery, spinal cord stimulator, and percutaneous nerve stimulator verses surgery for MILD procedure due to severe stenosis.

The provider has requested: Norco 10/325, 1 PO NTE 5/d #150; Lyrica 75mg 1 PO BID #60 and Zanaflex 4mg 1-2 PO QHS #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325, 1 PO NTE 5/d #150: Upheld

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 criteria for use of opioids, Hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 6/10. The request is for Norco 10/325, 1 PO NTE 5/D #150. The request for authorization is dated 02/06/15. Patient is status-post facet nerve MBB, 02/16/11. MRI of the lumbar spine, 05/21/13, shows L4-5 a 3 to 4 mm circumferential disc bulge. There is severe left and moderate right neural foraminal narrowing. There is severe bilateral facet joint hypertrophy greater on the left than right with prominent hypertrophic bony obliterating the left lateral recess of the central canal. Physical examination reveals lumbar paraspinal muscle tenderness. Patient is recommended regular home exercise / physical therapy on an ongoing regular basis. Patient's medication include Methadone, Norco, Zanaflex, Lyrica and Zorvolex. Repeat UDT done 12/10/14, screening consistent. CURES consistent. Per progress report dated 02/24/15, the patient is on disability. MTUS Guidelines 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 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 p 90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 02/04/15, treater's reason for the request is "as needed for pain." The patient has been prescribed Norco since at least 08/20/14. 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 mentioned as treater states "Norco helping manage his pain level." No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There are UDS and CURES documentation. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses some but not all of the 4A's as required by guidelines. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

Lyrica 75mg 1 PO BID #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 Treatment Guidelines Pregabalin Lyrica Page(s): 19-20.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 6/10. The request is for Lyrica 75MG 1 PO BID #60. The request for authorization is dated 02/06/15. Patient is status-post facet nerve MBB, 02/16/11. MRI of the lumbar spine, 05/21/13, shows L4-5 a 3 to 4 mm circumferential disc bulge. There is severe left and moderate right neural foraminal narrowing. There is severe bilateral facet joint hypertrophy greater on the left than right with prominent hypertrophic bony obliterating the left lateral recess of the central canal. Physical examination reveals lumbar paraspinal muscle tenderness. Patient is recommended regular home exercise / physical therapy on an ongoing regular basis. Patient's medication include Methadone, Norco, Zanaflex, Lyrica and Zorvolex. Repeat UDT done 12/10/14, screening consistent. CURES consistent. Per progress report dated 02/24/15, the patient is on disability. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin Lyrica, no generic available has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation. Per progress report dated 02/04/15, treater's reason for the request is "noting Lyrica increased worked well." The patient has been prescribed Lyrica since at least 12/10/14. In this case the patient continues with chronic low back pain that radiates to the right leg. The treater provided general statements regarding how Lyrica is helping the patient's pain and function. Given the patient's continuing symptoms, it would appear reasonable to continue this medication and is supported by MTUS. Therefore, the request is medically necessary.

Zanaflex 4mg 1-2 PO QHS #60: Upheld

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, medications for chronic pain Page(s): 66, 60-61.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 6/10. The request is for Zanaflex 4MG 1-2 PO QHS #60. The request for authorization is dated 02/06/15. Patient is status-post facet nerve MBB, 02/16/11. MRI of the lumbar spine, 05/21/13, shows L4-5 a 3 to 4 mm circumferential disc bulge. There is severe left and moderate right neural foraminal narrowing. There is severe bilateral facet joint hypertrophy greater on the left than right with prominent hypertrophic bony obliterating the left lateral recess of the central canal. Physical examination reveals lumbar paraspinal muscle tenderness. Patient is recommended regular home exercise / physical therapy on an ongoing regular basis. Patient's medication include Methadone, Norco, Zanaflex, Lyrica and Zorvolex. Repeat UDT done 12/10/14, screening consistent. CURES consistent. Per progress report dated 02/24/15, the patient is on disability. 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 02/04/15, treater's reason for the request is "at bedtime as needed." The patient is prescribed Zanaflex since at least 08/20/14. In this case, the patient is diagnosed with myofascial pain/spasm 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.