

Case Number:	CM15-0065246		
Date Assigned:	04/13/2015	Date of Injury:	10/15/2010
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 14, 2010. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Norco and Zanaflex. A RFA form received on March 17, 2015 was referenced in the determination, along with a progress note of March 5, 2015. The applicant's attorney subsequently appealed. On October 15, 2014, the applicant was given refills of Norco and tizanidine. The applicant was status post earlier failed lumbar spine surgeries. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was using both Norco and tizanidine at a rate of four times daily, it was acknowledged. The attending provider stated that the applicant was doing well with medications but did not elaborate further. In a progress note dated April 2, 2015, the applicant reported 8/10 pain without medications versus 4/10 pain with medications. The attending provider seemingly stated that the applicant was able to walk a total of one hour a day with medications and could perform light cleaning in the house. The applicant had undergone multiple prior failed lumbar spine surgeries. Norco, tizanidine, and permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested, following imposition of permanent work restrictions. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider did outline some reported reduction in pain scores effected as a result of ongoing medication consumption on one occasion, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid therapy. The attending provider's commentary to the effect that the applicant was able to stand and walk a total of one hour a day with his medications did not, in and of itself, constitute evidence of a meaningful, material or significant improvement in function effected as a result of ongoing medication consumption. Therefore, the request is not medically necessary.

Zanaflex 4 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs:Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Similarly, the request for tizanidine was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity but can be off of label for low back pain as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider failed to outline a clear or compelling evidence of functional improvement with ongoing tizanidine consumption. The fact that the applicant remained off of work and remained dependent on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of tizanidine (Zanaflex), as with the fact that the attending provider seemingly renewed the applicant's permanent work restrictions from visit to visit. Therefore, the request is not medically necessary.

