

Case Number:	CM15-0066192		
Date Assigned:	04/14/2015	Date of Injury:	12/12/2011
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
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 58-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2011. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve requests for Norco and Zanaflex. A February 27, 2015 order form was referenced in the determination, as was an associated progress note of the same date. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant reported ongoing complaints of low back pain, 9/10 without medications versus 4/10 with medications. The attending provider stated that the applicant would likely be bedridden without her medications. The attending provider stated that the applicant could not do some household chores. The applicant stated that doing household chores such as laundry, vacuuming, mopping, and sweeping, all remained problematic. Norco and Zanaflex were renewed. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant's permanent work restrictions were also renewed. On February 12, 2015, the applicant reported persistent complaints of low back pain, 18 months removed from earlier spine surgery. The applicant stated that she was having difficulty moving. Norco was endorsed. On this occasion, Norco had been endorsed by the applicant's spine surgeon. On the preceding occasion, the applicant's pain management physician had furnished the applicant with a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg per 02/27/2015 order. Quantity: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should receive all prescriptions for opioids from a single prescriber. Here, however, the applicant received a prescription for Norco from an orthopedic spine surgeon on February 12, 2015 and received another prescription for Norco from a pain management physician on February 17, 2015. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work following imposition of permanent work restrictions. While the attending provider did recount some reported reduction in pain scores affected as a result of ongoing medication consumption, 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 effected as a result of ongoing opioid consumption. The attending provider's commentary to the effect that the applicant would be bedridden without her medications, coupled with the applicant's self-reports of difficulty vacuuming, mopping, sweeping, doing laundry, etc., did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Zanaflex 4mg per 02/27/2015 order. Quantity: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 66.

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

Decision rationale: Similarly, the request for Zanaflex 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 employed off label for low back pain as was/is 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 applicant was seemingly off of work as of the date of the request. Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report difficulty performing activities of daily living as basic as household chores, including laundry. All of the foregoing, taken together, suggested a lack of

functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.