

Case Number:	CM15-0068153		
Date Assigned:	04/15/2015	Date of Injury:	09/12/2002
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female injured worker suffered an industrial injury on 09/12/2002. The diagnoses included thoracic myelopathy, adjustment disorder with depressed mood. The injured worker had been treated with trigger point injections and medications. On 2/16/2015, the treating provider reported flare up of thoracolumbar spine pain. She was in moderate distress with diffuse tenderness and persistent right greater than left leg clonus with lower extremity hyperflexia and right leg weakness with left foot drop. The treatment plan included Norco and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in September 2002 and continues to be treated for back and lower extremity pain. She has lower extremity hyperreflexia and right leg weakness and a left foot drop. Treatments included placement of a spinal cord stimulator which was subsequently removed. When seen, she had been a severe increase in right leg pain. She was having spasms. The note references spasticity due to spinal cord involvement including findings of hyperreflexia. Physical examination findings included appearing in mild to moderate distress. There was decreased and painful spinal range of motion. Trigger point injections were performed. Zanaflex and Norco were prescribed. The total (MED (morphine equivalent dose) was 80 mg per day. Medications as decreasing pain from 9/10 to a functional level of 4/10. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and notes document decreased pain with improved function. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Zanaflex 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66. Decision based on Non-MTUS Citation Zanaflex Prescribing Information.

Decision rationale: The claimant sustained a work injury in September 2002 and continues to be treated for back and lower extremity pain. She has lower extremity hyperreflexia and right leg weakness and a left foot drop. Treatments included placement of a spinal cord stimulator, which was subsequently removed. When seen, she had been a severe increase in right leg pain. She was having spasms. The note references spasticity due to spinal cord involvement including findings of hyperreflexia. Physical examination findings included appearing in mild to moderate distress. There was decreased and painful spinal range of motion. Trigger point injections were performed. Zanaflex and Norco were prescribed. The total (MED (morphine equivalent dose) was 80 mg per day. Medications as decreasing pain from 9/10 to a functional level of 4/10. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity. In this case, the claimant has spasticity due to spinal cord involvement with hyperreflexia. The dose been prescribed is consistent with the recommended dose and therefore was medically necessary.