MAXIMUS Federal Services

Case Number:	CM15-0069811		
Date Assigned:	04/17/2015	Date of Injury:	04/06/1994
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 61-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of April 6, 1994. In a Utilization Review report dated March 15, 2015, the claims administrator failed to approve requests for Norco and Zanaflex. The claims administrator referenced an RFA form of March 4, 2015 and a progress note of January 20, 2015 in its determination. The claims administrator did apparently approve Lexapro, it was incidentally noted. The applicant was status post earlier cervical spine surgery, right shoulder surgery, and carpal tunnel release surgery, it was incidentally noted. In a progress note dated March 25, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant was "laid up in bed" for about eight days owing to an alleged flare in pain, it was noted. The applicant had apparently gained weight. The attending provider stated that the applicant's pain scores had dropped from 10/10 without medications to 7/10 with Norco. Norco, tizanidine, and permanent work restrictions were renewed. The applicant's other medication list included Lunesta, Colace, lactulose, and Lyrica. It did not appear that the applicant was working with previous imposed permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Medication Norco 10/325mg 6 times a day #360 quantity dispensed is for 2 months supply DOS 01/28/15: 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 did not appear to be working following the imposition of permanent work restrictions, as suggested on March 25, 2015. The attending provider's commentary to the effect that the applicant had been bedridden for eight days secondary to a flare of pain did not make a compelling case for continuation of opioid therapy with Norco and, moreover, outweighed the attending provider's reports of a reduction in pain scores from 10/10 without medications to 7/10 with medications. Therefore, the request was not medically necessary.

Retrospective request: Medication Zanaflex 4mg three times a day #180 quantity dispensed is for 2 months supply dos 01/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Similarly, the request for Zanaflex (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 the management of spasticity but can be employed off-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 applicant was off work, it was suggested above. The applicant was recently bedridden for eight days owing to a flare of pain. Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was still using at a rate of six times daily. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing usage of tizanidine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.