

Case Number:	CM15-0069963		
Date Assigned:	04/17/2015	Date of Injury:	10/24/2008
Decision Date:	05/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 65 year old male, who sustained an industrial injury on 10/24/2008. He reported a lifting type injury experiencing a sharp, cracking sensation followed by low back pain and left knee pain. Diagnoses include cervical strain and multilevel disc protrusions, radiculitis, multilevel degenerative changes, and stenosis. He is status post lumbar fusion. Treatments to date include medication therapy, physical therapy, epidural steroid injections. Currently, he complained of continued neck pain with radiation to upper extremities. There was complaint of low back pain with radiation to bilateral knees. On 2/20/15, the physical examination documented tenderness to palpation with muscle spasms in cervical spine with decreased range of motion. The plan of care included continuation of medication as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis; bilateral knee sprain/strain and right knee patellofemoral arthralgia; lumbar spine musculoligamentous sprain/strain bilateral lower extremity radiculitis; bilateral plantar fasciitis; stress, anxiety, depression, etc. Documentation in the medical record shows the treating provider started Norco as far back as June 6, 2014 (the earliest progress note in the medical record). There are no risk assessments or detailed pain assessments in the medical record. According to the utilization review, it was recommended the treating physician start weaning the injured worker off Norco (decision date December 11, 2014). The most recent progress note, dated February 20, 2015, shows the injured worker is still using Norco 10/325 mg. There is no documentation evidencing objective functional improvement. There is no documentation of weaning in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments in detail pain assessments with no attempt at weaning (recommended by utilization review), Norco 10/325 mg #60 is not medically necessary.

Zanaflex 2mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis; bilateral knee sprain/strain and right knee patellofemoral arthralgia; lumbar spine musculoligamentous sprain/strain bilateral lower extremity radiculitis;

bilateral plantar fasciitis; stress, anxiety, depression, etc. The documentation in the medical record shows the treating physician started Zanaflex 2 mg on November 6, 2015. Subjectively, the injured worker had neck pain and back pain. Objectively, there was tenderness to palpation over the cervical spine and paraspinal muscle groups. There is no examination of the lumbar spine. The most recent progress note in the medical record was dated February 20, 2015. The injured worker is still taking Zanaflex 2 mg. Zanaflex is recommended for short-term (less than two weeks) for treatment of acute low back pain or an acute exacerbation of chronic low back pain. The November 6, 2015 progress note does not contain a physical examination of the lumbar spine. Additionally, the treating physician exceeded the recommended guidelines by continuing Zanaflex in excess of three months exceeding the recommended guidelines for short-term use (less than two weeks). Consequently, absent compelling clinical documentation to support the ongoing long-term use of Zanaflex in excess of the recommended guidelines for short-term use (less than two weeks), Zanaflex 2 mg #120 is not medically necessary.