

Case Number:	CM15-0071326		
Date Assigned:	04/21/2015	Date of Injury:	01/04/2001
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
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: 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 injured worker is a 57 year old male, who sustained an industrial injury on 01/04/2001. He reported sudden back pain going into his left leg. The injured worker is currently diagnosed as having post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar facet syndrome, and knee pain. Treatment and diagnostics to date has included lumbar spine MRI, facet injection, lumbar surgery, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 03/26/2015, the injured worker presented with complaints of lower backache and left knee pain. The treating physician reported requesting authorization for a Norco and a trial of Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Zanaflex 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain after a lumbar laminectomy. When seen, Soma was being tapered. Medications are referenced as decreasing pain from 10/10 to 7/10. Hydrocodone / acetaminophen was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, the claimant was having ongoing symptoms and a trial of Zanaflex was requested. However, the quantity being requested was consistent with long term rather than trial use and therefore was not medically necessary.

One (1) prescription of Hydrocodone-Acetaminophen 10/325mg #90 with 1 refill:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain after a lumbar laminectomy. When seen, Soma was being tapered. Medications are referenced as decreasing pain from 10/10 to 7/10. Hydrocodone / acetaminophen was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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. 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 the treating provider documents decreased pain with its use. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of hydrocodone/acetaminophen was medically necessary.