

Case Number:	CM15-0077772		
Date Assigned:	04/29/2015	Date of Injury:	09/13/2008
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 (IW) is a 52 year old male who sustained an industrial injury on 09/13/2008. He reported low back and left knee pain. The injured worker was diagnosed as having chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis; unspecified; anxiety state, unspecified; dysthymic disorder; lumbago; degeneration of lumbar or lumbosacral intervertebral disc; and knee pain. Treatment to date has included a home exercise program, medication management, and use of a transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of aching of his low back, left heel and left knee. The pain is worse with sitting, standing, walking, bending, lifting, and lying down and is better with medications. He rates the pain as 8/10 without medications and 6/10 with medications. He feels the pain is better since his last visit, and would like a refill of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 prescribed 4/7/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Guidelines recommend opiates for short term treatment of moderate to severe pain and patients on opiates should be monitored for efficacy, side effects, functionality, and aberrant drug use. In this case, the records lack documentation of ongoing improvement in pain relief or any measure of functional improvement specifically related to opiate use. The request for Norco 10/325 mg #150 is not medically appropriate and necessary.

Zanaflex 4mg #60 with 3 refills prescribed 4/7/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle spasms.

Decision rationale: Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patient with chronic lower back pain. There is no benefit beyond NSAIDs in treatment of back pain. In this case, the patient has been prescribed tizanidine on a long term basis. The records do not establish objective functional improvements as a result of Zanaflex. The request of Zanaflex 4 mg #60 with 3 refills is not medically appropriate and necessary.