

Case Number:	CM14-0108819		
Date Assigned:	08/01/2014	Date of Injury:	03/24/2004
Decision Date:	11/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case is a 64 year old male with a date of injury on 3/24/2004. A review of the medical records indicate that the patient has been undergoing treatment for cervical and lumbar degenerative disc disease. Subjective complaints (3/24/2014, 9/2/2014) include 3.5/10 pain with meds and 6-8/10 without meds to neck with radiation to left hand, bilateral low back pain. Patient reports (3/24/2014 through 9/2/2014) that he is 'self-weaning' off of Zanaflex. Objective findings (3/24/2014, 9/2/2014) include decreased range of motion to cervical neck, muscle spasms to low back, and positive bilateral straight leg test. Treatment has included Motrin, gabapentin, Norco (since at least 12/2013), and Zanaflex (since at least 12/2013). A utilization review dated 6/30/2014 determined the following:- Non-certified a request for Zanaflex 4mg, # 60, with 2 refills (a request for Zanaflex 4mg #20 was approved with the same utilization review)- Modified to Norco 10/325mg #60 (original was Quantity unknown, with 2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, # 60, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Refills are not appropriate for Zanaflex due to the need for medical monitoring. Guidelines recommend muscle relaxants for short term use. The records indicate that the patient has been on Zanaflex since at least 12/2013. Several medical notes indicate the patient is 'self-weaning', but the level of Zanaflex remain approximately the same. As such, the request for Zanaflex 4mg, # 60, with 2 refills is not medically necessary.

Norco 10/325 mg, Quantity unknown, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 12/2013, far in excess of the recommended 2-week limit. Refills are not appropriate for Norco due to the need for medical monitoring. As such, the question for Norco 10/325 mg, Quantity unknown, with 2 refills is not medically necessary.