

Case Number:	CM13-0003195		
Date Assigned:	11/08/2013	Date of Injury:	10/10/2006
Decision Date:	08/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old with an injury date on 10/10/06. The patient complains of neck pain radiating down to right arm, and lower backache per 7/10/13 report. On 3/25/13 report, patient reports pain has worsened since last visit, and is worst in her arm when she wakes up. The patient has periodic flare-ups, and on this visit an old pain has returned - in the hip / left shoulder, pain over supraspinatus are radiating anteriorly to left chest per 7/10/13 report. Activity level has stayed the same, and medications are working well with no side effects per 7/10/13 report. Based on the 7/10/13 progress report provided by [REDACTED] the diagnoses are shoulder pain, right elbow pain, spinal/lumbar degenerative disc disease, lower back pain and spasm of muscle. Exam on 7/10/13 showed C-spine range of motion moderately limited with flexion at 30 degrees and extension at 20 degrees. Spasm, tenderness, tight muscle band and trigger point noted on right side of cervical paravertebrals. Tenderness noted in paracervical muscles, trapezius, and supraspinatus. L-spine range of motion moderately restricted with flexion at 45 degrees, extension at 30 degrees. Tenderness to palpation bilaterally in paravertebrals, and over coccyx sacroiliac spine. Trigger point with radiating pain/twitch response on palpation at trapezius muscle, right supraspinatus muscle on right. Right shoulder has no swelling, deformity, asymmetry or atrophy. Moderately restricted range of motion. Tenderness noted in acromioclavicular joint, trapezius, and supraspinatus. Right elbow reveals tenderness to palpation over lateral epicondyle. Right hip is tender over SI joint and trochanter. Gaenslen's and Faber are both positive. [REDACTED] is requesting Zanaflex 2mg #90 with one refill, Soma 350mg #90 with one refill, Norco 10/325mg #180 with one refill, Rozerem 8mg #30 with one refill, and Ambien CR 12.5mg #30 with one refill. The utilization review determination being challenged is dated 7/19/13 and modifies Zanaflex from 2mg #90 with one refill to 2mg

#90 with no refill, but does not give rationale for denial. [REDACTED] is the requesting provider, and he provided treatment reports from 1/25/13 to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2MG, #90 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE (ZANAFLEX)-MUSCLE RELAXANTS.

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

Decision rationale: This patient presents with neck pain, lower back pain, and right arm pain and is s/p left knee arthroscopy from 1993 and 2000. The patient has been taking Zanaflex since 1/25/13 report. The provider has asked for Zanaflex 2mg #90 with one refill on 7/10/13. A review of the report shows no side effects, and that medications are effective per 7/10/13 report. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient presents with lower back pain and associated spasms, for which requested Zanaflex is indicated per California MTUS guidelines. Therefore the request is medically necessary.

SOMA 350MG, #90 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), MTUS and Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: This patient presents with neck pain, lower back pain, and right arm pain, and is s/p left knee arthroscopy from 1993 and 2000. The provider has asked for Soma 350mg #90 with one refill on 7/10/13. The patient has been taking Soma as of the 1/25/13 report and also on 3/20/13 report. Regarding Soma, California MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for 6 months, which exceeds what California MTUS guidelines recommend. Therefore the request is not medically necessary.

NORCO 10/325MG, #180 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78;.

Decision rationale: This patient presents with neck pain, lower back pain, and right arm pain, and is s/p left knee arthroscopy from 1993 and 2000. The provider has asked for Norco 10/325mg #180 with one refill on 7/10/13. The patient has been taking Norco since 1/25/13 report. The patient reports no side effects for Norco per 7/10/13 report. A urine drug screen on 8/4/10 came out negative per 7/10/13 report. For chronic opioids use, California MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, California MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. Provider does include a urine drug screen and reports regarding side effects in 7/10/13 report, but and no discussion regarding analgesia or activities of daily living related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

ROZEREM 8MG, #30 WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.comInsomnia.

Decision rationale: This patient presents with neck pain, lower back pain, and right arm pain, and is s/p left knee arthroscopy from 1993 and 2000. The provider has asked for Rozerem 8mg #30 with one refill on 7/10/13. The patient has been taking Rozerem since 3/20/13 report. Regarding Ramelteon (Rozerem), a selective melatonin agonist, ODG recommends to use with caution in patients with depression, hepatic impairment, and respiratory conditions such as COPD or sleep apnea. Dosing should be 8mg within 30 minutes of bedtime, and is recommended for short-term (7 - 10 days) use only. In this case, the patient does not present with any of the diagnoses indicated by ODG for use of Rozerem. In addition, patient has taken Rozerem for 4 months, while ODG only recommends for short term use (7-10 days). Therefore the request is not medically necessary.

AMBIEN CR 12.5MG, #30 WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, for Ambien ODG-TWC guidelines, Chronic Pain Chapter online, Zolpidem:(<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

Decision rationale: This patient presents with neck pain, lower back pain, and right arm pain, and is s/p left knee arthroscopy from 1993 and 2000. The provider has asked for Ambien CR 12.5mg #30 with one refill on 7/10/13. The patient has been taking Ambien since 3/20/13 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). In this case, the patient has been taking Ambien for 4 months which exceeds ODG guidelines. Ambien is only indicated for short-term usage. Therefore the request is not medically necessary.