

Case Number:	CM13-0011684		
Date Assigned:	09/26/2013	Date of Injury:	07/29/1999
Decision Date:	01/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 physician 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 48-year-old female who reported injury on 07/29/1999. The patient was noted to have decreased range of motion in the right upper extremity associated with decreased strength. There was noted to be color change and swelling in the right upper extremity. The diagnoses were noted to include reflex sympathetic dystrophy, myalgia and myositis, NOS, and contusion of the right hand. The plan is noted to include Norco 10/325, Prozac 20 mg, Flexeril 7.5, and Zanaflex 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the patient would be using

up to 5 tablets a day for pain control of the Norco. The patient was noted to be experiencing side effects of constipation from the Norco. However, clinical documentation submitted for review failed to provide the patient's analgesia, the affect of the medication on activities of daily living, and whether the patient had aberrant drug taking behavior. Additionally, clinical documentation failed to provide the quantity of medication being requested. Given the above, the request for Norco 10/325 is not medically necessary.

Prozac 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: California MTUS Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain but indicate they may have a role in treating secondary depression. Clinical documentation submitted for review failed to provide the patient had signs or symptoms of depression and it failed to provide whether the medication was for chronic pain or for depression. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. There was a lack of documentation indicating the quantity of pills being requested. Clinical documentation failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Prozac 20 mg is not medically necessary.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide the patient had muscular spasms, however, it failed to provide the duration of care on this medication for the patient as it is recommended for short term use. Additionally is not recommended to add this medication to other agents and clinical documentation submitted for review failed to provide the necessity for 2 medications for spasms or spasticity. The request failed to include the quantity of pills being requested and failed to provide the efficacy of the requested medication. Given the above, the request for Flexeril 7.5 mg is not medically necessary.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: California MTUS Guidelines recommend the use of Zanaflex for low back pain and spasticity. The clinical documentation submitted for review indicated the patient had pain and muscle spasms. However, it failed to provide the efficacy of the requested medication and failed to provide the quantity of pills being requested. Given the above, the request for Zanaflex 4 mg is not medically necessary.