

Case Number:	CM13-0017391		
Date Assigned:	02/05/2014	Date of Injury:	11/04/2003
Decision Date:	07/02/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/28/2013

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 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:

The patient is a 45 year old male who was injured on 11/04/2003. The mechanism of injury is unknown. Prior treatment history has included Cymbalta 30 mg, Zyprexa, Lunesta, Ativan and Viagra. PR2 dated 09/12/2013 indicates the patient states his condition is unchanged. He has continued pain with medications and home exercise. He takes Norco 10/325, Zanaflex 4 mg and Prilosec q. day. Objective findings on exam revealed left shoulder surgical scar. He has tenderness in the spinal region with spasm. Range of motion exhibits flexion at 66; extension at 40; abduction at 160; adduction at 40; internal rotation at 60; and external rotation at 60. The cervical spine reveals tenderness with spasm. Range of motion of the cervical spine exhibits flexion at 40; extension at 40; RR at 60; LR at 55; bilateral bending at 35. The remaining notes are illegible. PR2 dated 09/05/2013 states the patient reports his symptoms are unchanged. He states the Norco helps manage pain from an 8/10 to 5-6/10. He is taking Norco 10/325 mg, Zanaflex 4 mg, and Prilosec q. day. On exam, he has tenderness over the paraspinal muscles. The remaining notes are illegible. The patient is diagnosed with cervical musculoligamentous sprain/strain with left upper extremity radiculitis with multilevel disc bulging and left elbow sprain/strain with underlying slight degenerative joint disease; history of gout; and major depressive disorder, moderate; insomnia-type sleep disorder due to pain and male hypoactive sexual desire disorder. Prior UR dated 08/19/2013 states the request for Norco 10/325, Prilosec, and Zanaflex 4 mg are non-certified as proper documentation has not been submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 NORCO 10/325MG: 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 rationale: According to the CA MTUS guidelines, Norco is a short-acting opioid which is recommended for intermittent or breakthrough pain under certain circumstances. The patient is a 45 year old male with chronic pain attributed to injury on 11/4/03, cervical DDD, L shoulder impingement with surgery on 8/8/12, depression/anxiety, and insomnia. The patient has been taking Norco on a chronic basis. However, provided medical records fail to establish clinically significant functional improvement from use of this medication. Medical necessity is not established.

3 OMEPRAZOLE 20MG: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, Omeprazole is a PPI, which is recommended for patients who are at intermediate risk for GI events due to NSAID use. The patient is a 45 year old male with chronic pain attributed to injury on 11/4/03, cervical DDD, L shoulder impingement with surgery on 8/8/12, depression/anxiety, and insomnia. Medical records do not establish intermediate to high risk of gastrointestinal events. The patient does not appear to be taking an NSAID. No specific rationale is provided. Medical necessity is not established.

ZANAFLEX 4MG: 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 (for pain) Page(s): 63-66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Muscle relaxants are not recommended for long-term use. The patient is a 45 year old male with chronic pain attributed to injury on 11/4/13, cervical DDD, L shoulder impingement with surgery on 8/8/12, depression/anxiety, and insomnia. The patient has been taking Zanaflex on a chronic basis. However, provided medical records fail to establish clinically

significant functional improvement from use of this medication. Further, long-term use is generally not recommended. Medical necessity is not established.

1 CBC CHEMICAL PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing Other Medical Treatment Guideline or Medical Evidence: CBC MelinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, CBC is a part of preoperative lab testing which is recommended if the patient is to undergo surgical intervention. According to MedlinePlus, CBC is used to: diagnose infections or allergies, detect blood clotting problems or blood disorders, including anemia, evaluate red blood cell production or destruction. The patient is a 45 year old male with chronic pain attributed to injury on 11/4/03, cervical DDD, L shoulder impingement with surgery on 8/8/12, depression/anxiety, and insomnia. He is taking opioids on a chronic basis. There is no rationale for this test in the provided medical records nor is the rationale readily apparent. Medical necessity is not established.