

Case Number:	CM13-0020218		
Date Assigned:	10/11/2013	Date of Injury:	07/12/1995
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 50-year-old man who sustained a work related injury on July 12 1995. The patient developed chronic shoulder, neck and back pain. His physical examination demonstrated tenderness in the cervical, lumbar and shoulder areas. His provider is requesting authorization for Zanaflex, Percocet and Oxycontin for pain management.

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 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear

exacerbation of his back pain and the prolonged use of Zanaflex is not justified. The request is not medically necessary.

Oxycontin 40 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Users of Opioids Page(s): 88-89.

Decision rationale: According to MTUS guidelines, for long-term use of opioids, it is necessary to reassess for any diagnosis change, efficacy of the medication, functional improvement, documentation of adverse reactions, need for psych evaluation, and any abuse. In this case, there a lack of objective documentation of functional improvement with continuous opioids use. The patient pain severity did not change with continuous use of opioids. Therefore, the prescription of Oxycontin 40 mg #90 is not medically necessary.

Percocet 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids Page(s): 88-89.

Decision rationale: According to MTUS guidelines, for long-term use of opioids, it is necessary to reassess for any diagnosis change, efficacy of the medication, functional improvement, documentation of adverse reactions, need for psych evaluation, and any abuse. In this case, there a lack of objective documentation of functional improvement with continuous opioids use. The patient pain severity did not change with continuous use of opioids. Therefore, the prescription of Percocet 7.5/325 mg #90 is not medically necessary.