

Case Number:	CM13-0020526		
Date Assigned:	12/11/2013	Date of Injury:	05/30/2008
Decision Date:	02/05/2014	UR Denial Date:	08/13/2013
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 Internal Medicine, has a subspecialty in and is licensed to practice in Rhode Island. 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 employee had an injury date of 5/30/08. He has ongoing pain involving his left arm since that date. He has had multiple imaging including CT and MRI of the shoulder. They show DJD but no rotator cuff tears. There is no evidence for neuropathic pain. The employee is on multiple pain control medication including Cymbalta and muscle spasm agents such as Zanaflex in addition to Klonopin. He takes eight Lortabs daily. The request is for 90 tablets of Lortab 7.5/500.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81, 74-96.

Decision rationale: The use of hydrocodone and other opiates should be avoided. They may be used in the acute setting, if there is expectation of improvement. Opioids should only be used in the context of a larger clinical plan with multiple modalities of therapy. The opioids have significant dependency and side effect risks. This employee does not have demonstrated

neuropathy. The use of Lortab is not medically necessary. I refer to the above guidelines in my decision

Protonix 40mg 1qd #30 x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69..

Decision rationale: The use NSAID is associated with increased risk for gastrointestinal side effects including bleeding. This employee has not demonstrated an increased risk of bleeding and has no other indication for the use of PPI from the medical record. I refer to the above guideline on use of PPI in this beneficiary.

Zanaflex 4mg 1-2qhs #60 x 3 months: Upheld

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

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

Decision rationale: The employee has not demonstrated a need for long term use of the muscle relaxant Zanaflex. This agent is to be used like any muscle relaxant, such as Cyclobenzaprine for a short course of time. Its greatest efficacy is in the first four days. There is no medically necessity for long term Zanaflex use