

Case Number:	CM13-0025425		
Date Assigned:	11/20/2013	Date of Injury:	02/16/1996
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 patient is a 61-year-old injured worker reported an injury on February 16, 1996. The patient was status post anterior cervical discectomy at the C3-5 with revision and decompression at C3 and C4 with instrumentation and fusion. The patient's chronic pain was managed with medications. The patient also developed left wrist and right hand pain. The patient's most recent medication schedule included Norco 10/325 mg 1 tablet 3 times a day, Clonazepam 0.5 mg twice a day, Cymbalta 60 mg every night, Pamelor 10 mg at night, Norvasc 10 mg every day, Voltaren anti-inflammatory gel 100 gram tube, and Fiorinal capsules 1 to 2 every 4 hours to 6 hours. It is noted that the patient was under a narcotic contract and urine drug screens. The patient reported at least a 50% functional improvement with medication usage. The patient reported a pain level of 6/10 to 8/10 with medications and 10/10 without. The patient's most recent physical exam findings included limited cervical range of motion described as 60 degrees in right to left rotation, 10 degrees in flexion to extension, and rigidity to palpation across the cervical paraspinal musculature and cervical trapezius muscles bilaterally. Examination of the patient's left wrist includes a positive Phalen's test and a positive Tinel's sign with tenderness over the CMC joint and a positive Finkelstein's maneuver. Physical findings of the right hand reveal a palpable small ganglion cyst, a mildly positive Phalen's test and Tinel's sign, and a mildly positive Finkelstein's maneuver. The patient's diagnoses included status post cervical discectomy with fusion from the C3-5 with revision, persistent neck pain, muscle spasms, cervicogenic headaches, carpal tunnel syndrome, De Quervain's tenosynovitis, Kienbock's disease, and history of depression and anxiety disorder. The patient's treatment plan included continued medication usage and evaluation of an orthopedic hand specialist and a neural surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg, quantity 60: 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: The California Medical Treatment Utilization Schedule recommends "non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients" with chronic pain. The clinical documentation submitted for review does provide evidence that the patient had been on this medication for an extended duration. Additionally, the most recent clinical documentation submitted for review does indicate that the patient does not find the usage of this specific medication, Zanaflex for muscle spasms, to provide any functional benefit. Therefore, continued usage would not be indicated. The request for 1 prescription of Zanaflex 4mg, quantity 60 is not medically necessary and appropriate.

1 prescription of Norco 10/325mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends opioids used in the management of chronic pain be prescribed by a single provider. The clinical documentation submitted for review does provide evidence that the patient has pain relief and functional benefit as it is related to this medication. Additionally, the clinical documentation does provide evidence that the patient is receiving Norco from another provider. Therefore, an additional prescription would not be indicated. The requested 1 prescription of Norco 10/325mg, quantity 120 is not medically necessary and appropriate.

1 prescription of Clonazepam 0.5mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has pain relief and functional benefit from the prescribed medications. However,

California Medical Treatment Utilization Schedule does not recommend the long term use of benzodiazepines. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. Additionally, the clinical documentation does not provide any evidence to support extending treatment beyond guideline recommendations. The request for 1 prescription of Clonazepam 0.5mg, quantity 90 is not medically necessary and appropriate.