

Case Number:	CM13-0025608		
Date Assigned:	11/20/2013	Date of Injury:	03/28/2008
Decision Date:	02/19/2014	UR Denial Date:	09/06/2013
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 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 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 represented [REDACTED] employee, who has filed a claim for chronic neck pain, shoulder pain, headaches, myofascial pain, and psychological distress reportedly associated with cumulative trauma at work first claimed on May 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and muscle relaxants. In a utilization review report of September 6, 2013, the claims administrator partially certified the request for Norco for weaning purposes, denied a request for Voltaren, and denied a request for tizanidine. The patient's attorney subsequently appealed. A handwritten note of September 26, 2013 is notable for comments that the applicant has neck and shoulder pain. She is generally working but was unable to go to work today owing to heightened pain. It is stated that the patient is apparently able to work full time and even worked overtime. The patient is given refills of Norco, Zanaflex, and Voltaren. She is returned to regular work. A later note of October 24, 2013 is again notable for comments that the patient is given refills of Norco, Zanaflex, and Voltaren. It is again stated that the patient has returned to regular work and that Voltaren gel is quite helpful. The applicant again reports heightened ability to perform activities. An earlier note of August 27, 2013 is again notable for comments that the patient is using Voltaren gel for myofascial pain and that she continues to work every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain affected as a result of ongoing opioid usage. In this case, the applicant seemingly meets all of the aforementioned criteria. She has returned to work. She does report improved functioning and reduced pain as a result of ongoing medication usage. Continuing Norco, on balance, is therefore indicated and appropriate in this context. Therefore, the original utilization review decision is overturned. The request is certified.

Voltaren gel 1% QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Voltaren gel has not been evaluated for treatment of the spine and shoulder, the body parts which the applicant has pain in, in this case, the applicant has seemingly effected functional improvement through usage of the gel. She has returned to regular duty work. She states that ongoing usage of Voltaren gel is resulting in diminution of her myofascial pain. Continuing Voltaren, on balance, in the face of the applicant's successful return to work and in the face of the applicant's reporting heightened ability to perform activities of daily living through ongoing usage of Voltaren gel is indicated and appropriate despite the tepid guideline recommendation. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

Tizanidine 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine is FDA approved in the

management of spasticity and can be employed off label in the treatment of fibromyalgia and myofascial pain, the latter of which is reportedly present here. The applicant's myofascial pain has responded favorably to introduction of tizanidine as evinced by the applicant's successful return to regular work, which does constitute prima facie evidence of functional improvement as defined by the parameters established in MTUS 9792.20f. Therefore, the request is certified