

Case Number:	CM13-0032467		
Date Assigned:	06/06/2014	Date of Injury:	06/25/2011
Decision Date:	07/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 51 year old female who was injured on 06/25/2011. Mechanism of injury is unknown. Since there are no reports submitted prior to the date of utilization review all the information obtained is from the progress report 12/13/2013. Prior treatment history has included the current medications: Lidoderm patches, Miralax, Avinza, Roxicodone, Soma, Amitiza, Zanaflex, Nortriptyline, Clonazepam, HCTZ, Relax and Flonase. Diagnostic studies reviewed include EMG/NCV on 09/18/2013 revealing a normal electrodiagnostic study. Progress report dated 12/13/2013 documented the patient complains of left shoulder pain and she rates her pain as 4/10. The patient states her medications are working well with no side effects reported. The patient continues with diagnostic imaging for a brain tumor. She has seen two surgeons for removal, however, deferred due to location near her eye. Review of systems revealed headache and constipation. Objective findings on examination reveal a blood pressure of 144/86. Cervical spine exam reveals restrictive range of motion with pain to left lateral rotation. There is tenderness and tight muscle band is noted on the left side. Spurling's sign is equivocal on the left. Examination of the left shoulder reveals healed surgical scars. Movements are restricted and tenderness is noted on the acromioclavicular joints and supraspinatus muscles. Light touch sensation is decreased over lateral forearm on the left side. Diagnosis: Shoulder pain. According to the utilization review dated 09/23/2013, the following requests are made: Zanaflex, Oxycodone and Soma. Regarding Zanaflex and Soma there is no indication of muscle deficits specifically spasm, tension, cramping or trigger points. The guidelines do not support the use of Soma and is non-certified. Due to the risks of withdrawal symptoms abrupt discontinuation partial certification is recommended for Zanaflex 4 mg #20. The #20 tablets supplied should be used for withdrawal titration and complete discontinuation only. Regarding the Oxycodone, in this case the there is limited information provided regarding the current condition of the

claimant. The documentation lacks pain scores to warrant the need of ongoing analgesia from opiates. There is no documentation of efficacy with prior usage of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-63.

Decision rationale: According to MTUS guidelines muscles relaxants are recommended for short-term treatment of acute exacerbations of low back pain. Efficacy appears to diminish over time, and long-term use may lead to dependence. The patient is a 51 year female with date of injury of 6/25/11. She complains of chronic neck and L shoulder pain. She has been taking Zanaflex on a chronic basis along with a host of other medications. Medical records do not substantiate clinically significant functional improvement from use of this medication. Long-term use is not generally recommended. Medical necessity is not established.

ROXICODONE 15 MG, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: According to MTUS guidelines Roxicodone is a short-acting Opioid that is considered effective in controlling chronic pain. The patient is a 51 year old female with chronic neck and L shoulder pain. She is taking Opioids on a chronic basis. Medical records fail to establish clinically significant functional improvement from use of this medication. There is inadequate record-keeping of the patient's pain as it relates to use of Opioid medications. Further, at the time of the request, the patient was prescribed Avinza 120 mg capsule po qd, Avinza 60 mg capsule po qd, and Roxicodone 15 mg tablet 1 to 2 up to qid as needed. This combination exceeds the MTUS guideline recommended limit of 120 MED (morphine equivalent dose) per day for chronic, non-malignant pain. Medical necessity is not established.

SOMA 350 MG, #120: Upheld

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

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

Decision rationale: According to MTUS guidelines, use of SOMA is not recommended for use beyond 2 to 3 weeks. The patient is a 51 year old female with chronic neck and shoulder pain. She has been taking this medication on a chronic basis. Further, medical records fail to establish clinically significant functional improvement due to use of this medication. Medical necessity is not established.