

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0056935 | | |
| Date Assigned: | 04/02/2014 | Date of Injury: | 11/13/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 60 year old female who was injured on 11/30/2012 while working as a care provider sustained injury to her right shoulder trying to prevent a client from falling. Prior treatment history has included the patient undergoing arthroscopy of the right shoulder with extensive intra-articular debridement, subacromial decompression on 12/18/2013. The patient also underwent 13 sessions of physical therapy and six sessions of acupuncture. Medications include Tylenol ES, trazadone and Norco. Diagnostic studies reviewed include a urine drug screen dated 11/08/2013 detecting hydrocodone and hydromorphone. PR-2 dated 10/08/2013 documented the patient to have complaints of right shoulder pain and upper back and right arm pain 6/10. Owestry 82%. The patient has no side effects from medications. Objective findings on exam included reduced strength in the right upper extremity. The right shoulder has guarded range of motion and decreased painful range of motion. Diagnoses: 1. Rotator cuff syndrome 2. Glenoid labral tear Treatment Plan: Request authorization for trial of Zanaflex and request authorization to continue other meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

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

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records document the patient underwent right shoulder rotator cuff repair, subacromial decompression, and biceps tenodesis on 12/18/2013. The medical records do not establish that the patient has moderately severe pain levels, unresponsive to non-pharmacologic interventions and non-opioid analgesics, which are known to be effective in treatment of mild to moderate pain levels. The medical documents do not support continuation of opioid pain management. There is no documented improvement with opioid treatment. There was no mention of improved quality of life. The patient has not returned to work and improved pain and function has not been demonstrated. The patient should be allowed a weaning period in instances of extended opioid use.

ZANAFLEX 4MG #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE
RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Recommended for a short course of therapy. Zanaflex is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not demonstrate that the patient presents with an acute exacerbation or has spasticity or muscle spasms on examination. Therefore, Zanaflex is not medically necessary according to the guidelines.