

Case Number:	CM13-0062711		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2008
Decision Date:	05/09/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 04/03/2008 due to cumulative trauma while performing normal job duties. The injured worker ultimately developed chronic low back pain that was managed with medications. The clinical documentation submitted for review indicated that the injured worker's medication schedule included Norco 5/325 mg, Xanax 0.5 mg, Medrox patches, and Tizanidine 2 mg since at least 07/2013. The injured worker was evaluated on 09/11/2013. It was documented that she had continued low back pain rated at an 8/10 that medication provided relief and contributed to functional improvement and ability to actively participate in activities of daily living. Physical findings included tenderness to palpation at the right elbow, acromioclavicular joint of the right shoulder, the cervical spinal musculature, thoracic musculature, and lumbar musculature. The injured worker had restricted range of motion of the cervical and lumbar spine in all planes secondary to pain. The injured worker's diagnoses included right shoulder sprain, cervical sprain, thoracic sprain, lumbar sprain, lumbar disc bulges, anxiety and stress, insomnia, stomach irritation, cervical disc bulges, right shoulder partial rotator cuff, and status post right shoulder cuff surgery. The injured worker's treatment plan included continuation of medications to include Norco, Xanax, Medrox patches, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief as a result of medication usage. Additionally, there is no specific evidence of functional benefit related to medication usage. Therefore, the efficacy of ongoing usage is not supported. Also, there is no documentation that the patient is regularly monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not contain a frequency of treatment. Therefore, the appropriateness of the request itself cannot be identified. The request for Hydrocodone 10/325 mg is not medically necessary and appropriate.

ALPRAZOLAM 0.5MG: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the long term use of benzodiazepines due to the high risk of physical and psychological dependence. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. Therefore, continued use would not be supported. The request for Alprazolam 0.5 mg is not medically necessary and appropriate.

TIZANIDINE 2MG: 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 MTUS Chronic Pain Medical Treatment Guidelines does not recommend the use of muscle relaxants in the management of chronic pain. The use of muscle relaxants should be limited to a short duration of treatment for acute exacerbations of pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be

supported. Additionally, the request as it is submitted does not provide a quantity, frequency, or duration of treatment. The request for Tizanidine 2 mg is not medically necessary and appropriate.

MEDROX PATCH #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested medication contains menthol, methyl salicylate, and capsaicin. The California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of methyl salicylate and menthol for osteoarthritic related pain. However, the clinical documentation submitted for review does not provide any evidence that the injured worker's pain is osteoarthritic in nature. Additionally, the California MTUS does not recommend capsaicin as a topical agent unless the injured worker has failed to respond to other first line chronic pain management treatments. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line medications to include anticonvulsants and antidepressants. Therefore, the use of capsaicin would not be supported. Furthermore, the MTUS guidelines does not recommend the use of any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. Additionally, the request as it is submitted does not provide a dosage or frequency of treatment. The request for Medrox patch #30 is not medically necessary and appropriate.