

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0065880 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/30/2000 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/14/2013 |

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 Ohio. 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 male who was injured 8/30/00 after falling 10 feet from a ladder while picking pears from a tree. He sustained an injury to the left foot and ankle, left shoulder, low back and neck. He is status/post left shoulder subacromial decompression 8/11/04, redo of subacromial decompression 8/22/06, and redo in 08/10. He also underwent left ankle and foot surgeries 4/5/07, 3/27/08 and 1/5/12 and cervical fusion 7/7/09. Additionally he has undergone interventional pain injections for the treatment of his low back and neck pain which have improved his pain for varying periods of time. However despite conservative therapies and surgical intervention, he has continued to have significant pain. He has been maintained on pain medications for several years. The most recent progress note dated 11/26/13 indicates the worker continues to complain of low back, neck and shoulder pain. He reported despite taking pain medications his pain was still rated as 8-9/10 and he continued to report significant difficulty with ADL's. The provider indicated the patient had pain which "no longer responds well to medications". A request was made for continuation of Norco, Methadone, Zanaflex and adding Soma. All of these medications were determined to be modified certifications at the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #240: Upheld

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

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

Decision rationale: The MTUS guidelines recommend continuation of Opioids "a.) If the patient has returned to work or b.) If the patient has improved functioning and pain." The most recent medical records reviewed indicated the patient's pain "no longer responds well to medications" and did not demonstrate any improvement in function despite taking the medications. The records indicated the patients had a history of long-term use of Norco without any significant functional improvement. The records did not show any improvement in ADL's, reduction in work restrictions or significant pain relief as a result of the medication use. For these reasons, the continuation of Norco 10/325 is not medically necessary and appropriate.

ONE PRESCRIPTION OF METHADONE 5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 61, 74-96.

Decision rationale: MTUS guidelines indicate Methadone is to be used as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The MTUS guidelines recommend continuation of Opioids "a.) if the patient has returned to work or b.) If the patient has improved functioning and pain." The medical records reviewed did not support that the patient had recent documented functional improvement while taking Methadone for chronic pain. The records did not show any improvement in ADL's, reduction in work restrictions or significant pain relief as a result of the Methadone use. For these reasons the continuation of Methadone is not medically necessary and appropriate

ONE PRESCRIPTION OF SOMA 350MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant
Page(s): 63, 65.

Decision rationale: The MTUS guidelines state that Soma is not recommended and not indicated for long-term use. Soma is a central acting muscle relaxant whose primary active metabolite is meprobamate which is a schedule IV controlled substance. Abuse has been noted for sedative and relaxant effects. Additionally the MTUS guidelines recommend muscle relaxants for only short-term use as efficacy tends to diminish over time and prolonged use can lead to dependence. The request in this case is for Soma 350mg #90 with 3 refills. This would not be considered short-term use. For these reasons the request for Soma is not medically necessary and appropriate.

ONE PRESCRIPTION OF ZANAFLEX 4MG #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, Zanaflex Page(s): 63.

Decision rationale: The MTUS guidelines cite several studies which demonstrated a decrease in pain associated with myofascial pain syndrome with Zanaflex. The authors recommended Zanaflex as a first line treatment option for myofascial pain. The medical records reviewed from 11/26/13 indicate the patient has muscular tenderness on exam in the neck and low back. However, the records indicated the patient had been taking Zanaflex for several months without any significant improvement in pain or function. Additionally the MTUS guidelines recommend muscle relaxants for only short-term use as efficacy tends to diminish over time and prolonged use can lead to dependence. For these reasons continuation of Zanaflex is not medically necessary and appropriate.