

Case Number:	CM13-0067737		
Date Assigned:	01/03/2014	Date of Injury:	08/03/2002
Decision Date:	05/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

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 Texas and 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 49-year-old female who reported injury on 08/03/2002. The mechanism of injury was a motor vehicle accident. The injured worker's medication history included proton pump inhibitors (PPIs), muscle relaxants, opioids, and antidepressants as of 01/2013. The documentation of 11/27/2013 revealed the injured worker had a consistent urine drug test on 10/30/2013. The injured worker was taking Norco for pain and indicated the pain was an 8/10 before medications and came down to a 3/10 with medications. The injured worker denied side effects. The injured worker had pain in the left knee, low back, and shoulder. The diagnosis included chronic right shoulder pain, left knee pain, low back pain, neck pain, and a history of a left fib/tib fracture with open reduction and internal fixation (ORIF), and left extensor hallucis longus (EHL) and anterotibialis tendon repair in 2012. Discussion plan included 240 Norco, 120 Prilosec, 120 Zanaflex, 180 Neurontin and 60 Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 ZANAFLEX 4MG: 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: California MTUS Guidelines does not recommend muscle relaxants as a second line option for the short term treatment of acute exacerbation low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of objective improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 120 Zanaflex 4 mg is not medically necessary.

240 NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain; Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was documentation of an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior through urine drug screen. It was indicated the injured worker had no side effects from the requested medication. However, there was a lack of documentation indicating the objective functional benefit with the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 240 Norco 10/325 mg is not medically necessary.

60 PROZAC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review indicated the medication was helpful. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the

requested medication. Given the above, the request for 60 Prozac 20 mg is not medically necessary.