

Case Number:	CM13-0068726		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2012
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 09/26/2012. The mechanism of injury was noted to be the patient fell 12 feet off of a roof. The patient underwent a manipulation under anesthesia, with a capsular release and debridement of the glenohumeral joint, a subacromial decompression and anterior acromionectomy, and an excision of a lateral clavicle on 06/13/2013. The documentation of 10/02/2013 revealed the patient was taking naproxen, tizanidine, and Senokot, Norco, and acetaminophen, alternating. The documentation of 10/31/2013 revealed the patient's shoulder pain was stable at a 6/10. Documentation indicated the patient used naproxen and acetaminophen and tizanidine twice a day and Norco twice a day; however, the patient alternated Norco and Tylenol and Zanaflex and tizanidine. The patient's diagnoses were noted to include chronic headaches, impingement, and sprain and strain of the lumbar spine. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the duration the medication had been taken. The patient's injury was in 2012 and the patient had shoulder surgery in 2013. There was a lack of documentation of a decrease in the VAS score, an objective improvement in function, and evidence the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco twice a day #60 is not medically necessary.

TIZANIDINE #30: 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 Page(s): 63.

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute 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 patient had been on the medication for greater than 1 month. There was a lack of documentation of objective improvement. Additionally, the patient was noted to be alternating the medication with Zanaflex. There was a lack of documentation for a necessity of 2 medications with the same classification. Given the above, the request for tizanidine every day at bedtime #30 is not medically necessary.

SENNEKOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy..

Decision rationale: California MTUS Guidelines recommend when initiating opioid therapy, the patient have prophylactic treatment of constipation. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than 1 month. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to include a quantity of medication being requested. Given the above, the request for Senokot 1 to 2 at bedtime as needed for constipation is not medically necessary.