

Case Number:	CM13-0071462		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2011
Decision Date:	06/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/27/2013

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, has a subspecialty in Sports Medicine 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 62-year-old male who reported an injury on 02/22/2011. The mechanism of injury was not stated. Current diagnoses include right medial elbow pain, low back pain, right lower extremity pain, and right knee pain. The injured worker was evaluated on 11/05/2013. The injured worker reported ongoing right knee, right elbow, back, and neck pain. Current medications include Norco 10/325 mg, trazodone 50 mg, Zanaflex 4 mg, and Lactulose. Physical examination revealed no significant changes. Treatment recommendations at that time included a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

300 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. The injured worker has utilized Norco 10/325 mg since 06/2013. There is no objective evidence of functional improvement as a result of the ongoing use of this medication. Therefore, the request is not medically necessary.

120 ZANAFLEX 4MG: 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): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized Zanaflex 4 mg since 06/2013. There is no evidence of palpable muscle spasm or spasticity upon physical examination. Therefore, the request is not medically necessary.