

Case Number:	CM14-0104634		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2004
Decision Date:	10/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 injured worker is a 54 year-old female who reported an injury on 10/27/2004. The injury reportedly occurred when she felt a pull in her upper extremities while carrying 25-45 pounds of frozen meat. The diagnoses included major depression, gastrointestinal upset, kidney stones, bilateral carpal tunnel syndrome, left shoulder degenerative joint disease, cervical degenerative disc disease, left shoulder impingement syndrome, upper extremity radiculopathy, sleep disorder, and musculoligamentous cervical injury. The past treatments included pain medications, physical therapy, psychotherapy, cervical fusion on 12/21/2010, and a left shoulder arthroscopy. On 05/27/2014 the injured worker complained of left shoulder pain with a pain rating of 5-6/10 with medication and 9/10 without pain medication. It was also noted that the injured worker's general range of motion and pain symptoms had improved in conjunction with the completion of physical therapy. The physical examination findings revealed tenderness to palpation of the left shoulder joint with restricted range of motion. Medications included norco 10/325 for pain, xanax 2mg for anxiety and depression, and zanaflex 4mg for muscle spasm. The treatment plan included medication refills for norco 10/325 mg #60 for 6 months, xanax 2mg #30 for 6 months, zanaflex 4mg #60 for 6 months, and physical therapy for the left shoulder. The rationale and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #60 - For 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The injured worker has a history of left shoulder pain with restricted range of motion. The injured worker has been treated with pain medications, physical therapy, and psychotherapy. The California MTUS guidelines may recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker rated her pain 5-6/10 with medication and 9/10 without pain medication. However, there was no documentation to establish whether the injured worker was experiencing any new side effects or improved ability to function. In the absence of documentation of functional improvement with use, continued use of this medication is not supported. Further, this medication is only supported for short-term use. Additionally, the frequency was not included as part of the request. Therefore, the request for Norco 10/325mg #60 - For 6 months is not medically necessary and appropriate.

Xanax 2Mg #30- For 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 78.

Decision rationale: The injured worker has a history of left shoulder pain with restricted range of motion. The injured worker has been treated with pain medications, physical therapy, and psychotherapy. The California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker rated her pain rating as 5-6/10 with medication and 9/10 without pain medication. It was also noted that the injured worker's general range of motion and pain symptoms had improved. There was a current urinalysis that was positive and supported proper medication usage. However, there was no documentation to establish whether the injured worker was experiencing any new side effects. As there was no monitoring for new side effects, and there was a lack of documentation to establish functional improvement in regard to activities of daily living, and as use of benzodiazepines is not recommended for chronic therapy and for no longer than 4 weeks, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for Xanax 2mg #30- For 6 months is not medically necessary and appropriate.

Zanaflex 4mg #60- For 6 months: 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): 63-66.

Decision rationale: The injured worker has a history of left shoulder pain with restricted range of motion. The injured worker has been treated with pain medications, physical therapy, and psychotherapy. The California MTUS guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker rated her pain rating as 5-6/10 with medication and 9/10 without pain medication. It was also noted that the injured worker's general range of motion and pain symptoms had improved. A current urinalysis was positive and supported proper medication usage. However, there was no documentation to establish whether the injured worker was experiencing any new side effects. As there was no monitoring for new side effects, and there was a lack of documentation to establish functional improvement concerning activities of daily living, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for Zanaflex 4mg #60- For 6 months is not medically necessary and appropriate.