

Case Number:	CM14-0105432		
Date Assigned:	07/30/2014	Date of Injury:	07/29/1991
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57 year-old female was reportedly injured on 7/29/1991. The mechanism of injury was noted as cutting and carrying paper. The most recent progress note, dated 5/28/2014, indicated that there were ongoing complaints of neck pain. The physical examination was handwritten and only partially legible. It stated mild decreased range of motion of the cervical spine. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for Cloraz Dipot 7.5 Mg #60, Hydrocodone/APAP 5/325 mg #120, and Tizanidine 2 Mg #30 and was not certified in the pre-authorization process on 6/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cloraz Dipot 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: 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 range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, this medication is deemed not medically necessary.

Hydroco/APAP 5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line option for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS treatment guidelines. Therefore, this medication is deemed not medically necessary.