

Case Number:	CM14-0016346		
Date Assigned:	04/11/2014	Date of Injury:	09/01/2005
Decision Date:	05/26/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational Medicine and is licensed to practice in California. 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 51 year old female who was injured on 09/01/2005. Mechanism of injury is unknown. Prior treatment history has included physical therapy. The patient has undergone posterior C4-C5 fusion, especially on the left side with instrumentation from K2 system with laminectomy, facetectomy and foraminotomy at the level of C4-C5 on the left side with use of microscope, epidural fat transpiration, use of autogenously bone grafting and use of DBX bone expander material, use of fluoroscopy, use of SSEPs neural monitoring on 06/25/2013. His medications include: Norco, Neurontin, Amitryptiline and Zanaflex. Diagnostic studies reviewed include MRI of the cervical spine dated 01/09/2012 showing cervical fusion at C5-C6 and C6-C7 and also central disc herniation at C4-C5. X-rays of the cervical spine dated 10/23/2013 revealed stable alignment in the patient with lower cervical spine fusion with anterior plating seen in the mid cervical region at C4. PR-2 dated 12/18/2013 documented the patient to have complaints of persistent pain in her neck but she states that on average, she is experiencing 1/10 to pain. With medications, it goes down to 0/10. She is going through perhaps 30 pills or so a month. She is complaining that she is having a lot of spasms in the posterior part of her neck particularly on the right side. She is doing her best to stretch but she is not quite able to relax the muscles. She is still going through physical therapy. She is walking a couple of mile a day and is staying very active. Objective findings on examination revealed she had diminished range of motion for lateral rotation and extension and flexion. She had palpatory tenderness on both sides of the paraspinal muscles. Neurologically she is intact. Treatment/Plan: Continue physical therapy. Follow up in four weeks. PR-2 dated 01/15/2014 documented the patient with complaints of neck pain with radiating symptoms into her upper extremities. She takes the Norco on an as needed basis, #120 lasts for about two months. She wants to try to decrease her medications. She wants to decrease the Neurontin a little bit and then wean off. She is doing well. Zanaflex has

been helpful. She walks every day for exercise, 30-40 minutes. On objective examination there was no specific change. Diagnosis: Neck pain, status post cervical spine fusion in 2007 and C4-C5 fusion on 06/25/2013. The spinal cord looks fine. No evidence of myelomalacia.

Discussion/Plan: I gave her a 1 month supply of her medications: Norco 10/325 mg #60. We will decrease Neurontin to 100 mg and dispensed #90, #60 of Amitryptiline 25 mg tablets and #60 of Zanaflex 4 mg. I encouraged her to continue walking for exercise and we will see her again in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: NORCO 10/325MG, #60; 1/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for chronic pain Page(s): 75,80.

Decision rationale: According to the CA MTUS guidelines, Norco is a short acting Opioids which is effective in controlling chronic pain. It is often used for intermittent breakthrough pain. Opioids are recommended in case of chronic pain for short term relief, but long term efficacy (>16 weeks) is limited. The medical records document the patient was diagnosed with central disc herniation at C4-C5, the patient underwent surgical posterior C4-C5 fusion dated 6/25/2013, the patient had 7 sessions of PT, recent PR2 dated 1/15/2014 revealed the patient had neck pain with radiation the upper extremities. In the absence of documented exact amount of medication prescribed in the prior PR reports and the duration exceeded the amount recommended in the guidelines, the request is not medically necessary according to the guidelines.

RETRO: NEURONTIN 100MG, #90; 1/15/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (Aed, Specific Anti-Epilepsy Drugs Page(s): 16-17,18.

Decision rationale: According to the CA MTUS guidelines, Gabapentin is recommended for neuropathic pain. The medical records document the patient was diagnosed with central disc herniation at C4-C5, the patient underwent surgical posterior C4-C5 fusion dated 6/25/2013, the patient had 7 sessions of PT, recent PR2 dated 1/15/2014 revealed the patient had neck pain with radiation the upper extremities. In the absence of documented exact duration of the medication and lack of subjective and objective findings that support the response to this medication, further, there is limited evidence to show that this medication is effective for postoperative pain. However, the provider has decreased the dose of this medication and opioids were non-certified

above. It is prudent to make one change in medications at a time. Therefore, this medication is an appropriate deviation from the guidelines and medically appropriate.

RETRO: ZANAFLEX 4MG, #60; 1/15/14: Overturned

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 Tizanidine (Zanaflex Generic Available Page(s): 66. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TIZANIDINE (ZANAFLEX GENERIC AVAILABLE, PAGE 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records document the patient was diagnosed with central disc herniation at C4-C5, the patient underwent surgical posterior C4-C5 fusion dated 6/25/2013 , the patient had 7 sessions of PT, recent PR2 dated 1/15/2014 revealed the patient had neck pain with radiation the upper extremities. In the absence of documented spasticity, myofascial pain, or fibromyalgia, the request is not medically necessary according to the guidelines. However, opioids were non-certified above. It is prudent to make one change in medications at a time. Therefore, this medication is an appropriate deviation from the guidelines and medically appropriate.