MAXIMUS Federal Services

Case Number:	CM14-0110759		
Date Assigned:	08/01/2014	Date of Injury:	01/05/1996
Decision Date:	09/12/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 Texas and Ohio. 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 51-year-old female who reported an injury on 01/05/1996, reportedly sustaining injuries to her neck, back, and upper extremities after having to lift and carry very heavy boxes of water bottles and she describes carrying 3 racks of urine containers at a time. The injured worker was evaluated on 05/30/2014 and it is documented the injured worker complained of having right shoulder, left elbow, and right forearm pain. The injured worker was having right shoulder pain at the lateral aspect of the right shoulder at the greater tuberosity which radiated inferiorly to the deltoid insertion and medially to the supraspinatus fossa to the medial trapezius. The pain was described as constant, the least pain was rated 2/10, and the worst pain was rated 7/10. The right forearm was painful in dorsal compartment which radiated from the lateral compartment to the myotendinous junction of the dorsal compartment. The pain was described as almost constant, the least pain was rated 1/10, and the worst pain was rated 6/10. The left elbow was painful at the lateral epicondyle which radiated posteriorly into the distal triceps and proximally into the shoulder and occasionally to the cervical spine. Inferiorly, the pain radiated into the dorsal aspect of the right hand to the metacarpal level. The pain was described as almost constant, the least pain was rated 1/10, and the worst pain was rated 6/10. Physical examination revealed there was moderate tenderness at the bicipital groove with slight to moderate tenderness noted in the trapezius and the lateral supraspinatus fossa. Moderate tenderness was noted in the dorsal compartment with slight to moderate tenderness in the lateral epicondyle. It was noted in the lateral epicondyle that extends to the mid dorsal compartment. There was tenderness noted in the medial epicondyle with no olecranon tenderness. Tenderness was noted at the insertion to the olecranon. The right shoulder and elbow symptoms persist. Medications included Lidoderm, Mobic, Fiorinal, Hydrocodone/APAP, Soma, and Zanaflex. The provider failed to indicate the injured worker's VAS measurements while the injured worker

was on medications. Diagnoses included calcifying tendonitis shoulder, lateral epicondylitis, bilateral, and chronic pain syndrome with depression and anxiety features. The Request for Authorization dated for 06/06/2014 was for Zanaflex 4 mg, Norco 10/325 mg, Fiorinal 50/325 mg, and Soma 350 mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg. QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Zanaflex and functional improvement while being on the medication. The request submitted to indicate duration and frequency of medication. In addition, the guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Zanaflex 4 mg QTY: 90 is not medically necessary.

Fiorinal 50-325-40, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines barbiturate -containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In addition, the request submitted failed to indicate frequency and duration of medication. As such, the request for Fiorinal 50/325-40, QTY:120 is not medically necessary.

Norco 10/ 325 mg., QTY: 120: 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 Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg QTY: 120 is not medically necessary.

Soma 350 mg., QTY: 40: 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.

Decision rationale: The requested Soma 350 mg QTY: 40 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg QTY: 40 is not medically necessary.