MAXIMUS Federal Services

Case Number:	CM14-0120268		
Date Assigned:	08/06/2014	Date of Injury:	06/30/2000
Decision Date:	09/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 61-year-old female who reported an injury 06/30/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 05/29/2014 indicated diagnoses of cervical musculoligamentous injury, cervical disc herniation, and cervical paraspinal muscle spasms, severe. The injured worker reported moderate to severe cervical pain associated with tingling and numbness that radiated to the right upper extremity. The injured worker reported the pain had increased in severity and intensity in recent weeks. The injured worker reported severe headaches and blurry vision that was usually sustained at night time. The injured worker reported she woke with severe headaches, and the next morning it was relieved by the pain medication with difficulty. The injured worker reported the pain radiated to her neck and right side associated with limited range of motion of the cervical spine. The injured worker's surgical history included a cervical fusion C5-6 and C6-7 in 2001. On physical examination of the cervical spine, pain on palpation over the spinous process at C3-4, C5-6, C6-7 and C7-T1 with increased tone in the right and left trapezius with point tenderness in the form of severe myofascial pain on deep palpation with severe guarding. The injured worker had a positive cervical compression test, cervical distraction test, and a positive Adson's test. The injured worker's range of motion was decreased for the cervical spine. The injured worker's treatment plan included request authorizing cervical epidural steroid injection at the level of C7-T1. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Zanaflex, and Butrans. The provider submitted a request for Norco, Kenalog Spray, Butrans, and Zanaflex. A Request for Authorization was not submitted for review to include the dates treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 78.

Decision rationale: The request for Norco 10/325mg #120 with 5 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the request did not indicate a frequency for this medication. Moreover, it was not indicated if the injured worker had signed an opiate contract or when the injured worker's last urine drug screen was performed. Therefore, the request for Norco 10/325mg #120 with 5 refills is not medically necessary.

Kenalog Spray 54 grams with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Kenalog Spray 54 grams with 5 refills is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had been utilizing this medication or if this was a first time prescription. In addition, it was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. Moreover, topical sprays, analgesics, and creams are experimental in use. There is little to no research to support the use of many of these agents. In addition, the request did not indicate a frequency for the Kenalog. Therefore, the request of Kenalog Spray 54 grams with 5 refills is not medically necessary and appropriate.

Butrans Patches #4 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Butrans Patches #4 with 5 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the request did not indicate a frequency for this medication. Moreover, it was not indicated if the injured worker had signed an opiate contract or when the injured worker's last urine drug screen was performed. Therefore, the request for Butrans Patches #4 with 5 refills is not medically necessary.

Zanaflex 4mg #50 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs; Tizanidine (Zanaflex, generic available) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was indicated the injured worker had been utilizing this medication since at least 03/29/2013. This exceeds the guidelines recommendations on short term use. Moreover, the request does not indicate a frequency. Therefore, the request for Zanaflex 4mg #50 with 5 refills is not medically necessary and appropriate.