MAXIMUS Federal Services

Case Number:	CM14-0125044		
Date Assigned:	08/11/2014	Date of Injury:	02/12/2010
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 69-year-old male with a reported injury on 02/12/2010. He reported his injury was sutatined while he was pushing a table to clean up a pavilion he felt a strain above his shoulder blades. His diagnoses included cervical spondylosis without myelopathy, and depressive disorder. His previous treatments have included physical therapy, medications, and a diagnostic anterior cervical discectomy in 2012. The injured worker had an examination on 06/24/2014 with complaints of increased neck pain with associated headaches. He reported his neck pain and headaches begin within a few hours of being active in the morning and worsen as the day ends. The neck pain was exacerbated by turning his head to the left and to the right. He rated his pain at a level of a 7 but on average it is a 5/10. Upon examination of the cervical spine, the injured worker did have paravertebral muscle tenderness and tight muscle band and trigger point was noted on the right side and tenderness, tight muscle band, and trigger point was noted also on the left side. The list of medications included OxyContin, Lyrica, Effexor, capsaicin/menthol/camphor, Fioricet, oxycodone, Zanaflex, prazosin, simvastatin, trazodone, and lorazepam. The recommended plan of treatment was to refill his medications. The Request for Authorization was signed and dated for 07/01/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floricet 20/325/40 mg Qty: 150.00: 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 Barbiturate containing analgesic agent Page(s): 23.

Decision rationale: The request for Fioricet 20/325/40 mg Qty: 150.00 is non-certified. The California MTUS does not recommend barbiturate containing analgesic agents for chronic pain. The potential for drug dependence is high and there is no evidence that exists to show a clinically important enhancement of analgesic efficacy. There is a risk of medication overuse as well as rebound headache. The injured worker already complains of headache, which this medication would not be indicated for. Also, there is a lack of evidence to support the number of 150 medications without further evaluation and assessment. There is a lack of directions as far as frequency and duration. Therefore, the request for Fioricet 20/325/40 mg Qty: 150.00 are not medically necessary.

Oxycodone IR HCL 10mg Qty:120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for Oxycodone IR HCL 10 mg Qty: 120.00 is non-certified. The California MTUS Guidelines recommend for ongoing monitoring of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There was not a pain scale provided of efficacy of his medications. The side effects were not assessed. There was a lack of physical and psychosocial functioning deficits and improvements. There was not a urine drug screen test provided to check for the aberrancy or non-adherent drug related behaviors. Furthermore, there was a lack of evidence to support the need of 120 pills without further assessment and evaluation. There are no directions provided as far as frequency and duration of this medication. The clinical information fails to meet the evidence-based guidelines for this request. Therefore, the request for Oxycodone IR HCL 10 mg Qty: 120.00 is not medically necessary.

Zanaflex 4 mg Qty: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Zanaflex 4 mg Qty: 60.00 is non-certified. The California MTUS Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Zanaflex is FDA approved for management of spasticity. Although the injured worker did have an examination that did show twitching, there was no evidence of efficacy of this medication. Furthermore, the request does not specify directions and duration of this medication and there is a lack of evidence to support the need of 60 pills without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for this request. Therefore, the request for Zanaflex 4 mg Qty: 60.00 is not medically necessary.