

Case Number:	CM14-0135258		
Date Assigned:	08/29/2014	Date of Injury:	08/21/2013
Decision Date:	10/27/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 New York and North Carolina. 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:

This patient claims injury 8/21/2013, mechanism unknown, diagnosed with cervical strain/sprain and left shoulder strain/sprain with possible cervical radiculopathy. She is appealing the 7/21/14 denial of Norco and Zanaflex. She is working full duty. She takes her medication PRN. Several medications were dispensed at her treating physician's office. Her doctor states she is on minimal medications; her medication list at the time of the request included topical Diclofenac cream, ibuprofen, cyclobenzaprine, Naproxen, Tizanidine, hydrocodone/APAP 10/325, and Norco 10/325. Many of the medications are redundant, including ibuprofen with naproxen, or cyclobenzaprine with Tizanidine, and hydrocodone with Norco. She remains tender in the upper trapezius and has stiffening of the cervical spine, despite muscle relaxant usage. Diagnostic imaging shows a small posterior disc bulge at C4-5 and C5-6; spondylotic ridging with left foraminal narrowing at C4-5, bilateral at C5-6, with some disc space narrowing. Other treatment has included acupuncture and cervical traction. Drug screen in April was negative for prescribed medication, and history indicated she does not take it regularly. There is no dosing information presented that explains how the patient is to take either medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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 opioids - criteria for use Page(s): 78-80.

Decision rationale: According to the medical record, the patient remains on Norco, and is working daily at full duty, which is an important criteria in continuing opioid use. However, she has not shown functional gains by examination in the several months of records reviewed - the findings are stable. There is no information regarding how the medication is to be dosed, and no regular assessment of pain level (and effectiveness of altering the pain level) or any side-effects. There are no goals of therapy outlined. Therefore, the request for Norco 10/325mg #30 is not medically necessary and appropriate.

Zanaflex 4mg #45: 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 Muscle relaxants Page(s): 63, 66.

Decision rationale: Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation of chronic LBP (Low Back Pain). Tizanidine may be a first-line option to treat myofascial pain syndrome, which is not a diagnosis this patient has. Additionally, each progress note indicates ongoing (stable) decreased range of motion, and muscle tenderness. The medication has not improved this. Continued use of Tizanidine is not medically necessary, and therefore, the request for Zanaflex 4mg #45 is not medically necessary and appropriate.