

Case Number:	CM14-0143129		
Date Assigned:	09/10/2014	Date of Injury:	03/18/2010
Decision Date:	12/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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:

Injured worker is a male with date of injury 3/18/2010. Per primary treating physician's progress report dated 9/8/2014, the injured worker reports symptoms are controlled with prescription medications. Pain is rated at 6-7/10 and remains the same as last exam. Pain is described as moderate, frequent, dull, sharp, and weakness. On examination of the cervical spine there is tenderness to palpation of the paravertebral muscles bilaterally and upper trapezius bilaterally. Axial compression is negative. Active range of motion is flexion 37 degrees, extension 29 degrees, right rotation 58 degrees, left rotation 65 degrees, right bend 25 degrees, and left bend 28 degrees. Sensation is decreased in right upper extremity with a patchy distribution. Diagnoses include 1) cervical spine sprain/strain with right upper extremity radiculopathy, 2-3 mm osteophytes C4-C7 with stenosis 2) facet osteoarthritis 3) lumbar spine sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The request for random urine drug screen is determined to be medically necessary.

Zanaflex 2 mg #60 times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no indication that the injured worker is suffering from spasticity, or is having significant relief with the use of Zanaflex. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 2 mg #60 times 2 refills is determined to not be medically necessary.

Norco (Hydrocodone/APAP 2.5/325 mg #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not provide any indication that the injured worker has objective functional improvement and significant reduction in pain with the use of Norco. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco (Hydrocodone/APAP 2.5/325 mg #60) is determined to not be medically necessary.