

<b>Case Number:</b>	CM14-0156155		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Interventional Spine 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 patient is a 34 year old male with an injury date of 09/01/10. The 09/09/14 progress report by [REDACTED] states that the patient presents with flare-ups of pain in the cervical spine and with increased activity while at work. The 08/28/14 report by [REDACTED] states the patient presents with neck and left arm pain along with headaches. The patient is noted to be working with restrictions. The examination of 09/09/14 reveals tenderness to palpation over the lower paravertebral muscles with increased pain with cervical motion. The patient's diagnoses include: 1. Status post right frontal craniotomy for evacuation of hematoma and cranialization of the right frontal sinus (date unknown) 2. Fracture left at C6-C7 3. Cervical, thoracic and lumbar spine strains 4. Cervical radicular syndrome 5. Lumbar radicular syndrome 6. Contusion straining injury to the bilateral shoulder girdles 7. Lumbar disc protrusion at L4-L5 and L5-S18. Cervical disc protrusion at C4-C5 Medication on 08/28/14 is listed as Topiramate, Robaxin, Tizanidine, Norco and Zantac. The utilization review being challenged is dated 09/12/14. Reports were provided from 08/13/13 to 09/09/25.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 5/325mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids, Long Term Use of Opioids Page(s): 78, 88-89.

**Decision rationale:** The patient presents with pain in the cervical spine, neck and left arm in addition to headaches. The treater requests for Norco (an opioid) 5/325 mg #90. The reports provided show the patient has been taking this medications since at least 11/07/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case the treater discusses assessment of the patient pain showing a change from 3-8/10 on 02/04/14 to 06/10 on 08/28/14. The 05/01/14 report by [REDACTED] repeatedly states that this medication is necessary as it decreases the patient's pain by more than 55% and increases his functional level in his ADLs, ambulation and allows him to continue work with modified duties. Opiate management issues are addressed with urine toxicology reports provided from 03/10/14 to 05/15/14 showing positive (present) for Hydrocodone and Norhydrocodone. There was no discussion by the treaters regarding these reports. The treater states adverse effects were discussed with the patient and no evidence was seen of abuse, diversion, hoarding or impairment. In this case, there is sufficient documentation of long term opioid use per MTUS above therefore request is medically necessary.

**Prescription of Tizanidine 2mg, #90:** 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 Medications for Chronic Pain; Zanaflex Page(s): 60, 66.

**Decision rationale:** The patient presents with pain in the cervical spine, neck and left arm in addition to headaches. The treater requests for Tizanidine 2 mg #90. It is unknown exactly how long the patient has been taking this medication. It is first listed on the 05/01/14 report. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. MTUS page 60 regarding Medications for chronic pain states, Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. In this case, the treater does not discuss the efficacy or use of this medication in the reports provided therefore request is not medically necessary.

**Physical therapy times 12 sessions for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with pain in the cervical spine, neck and left arm in addition to headaches. The treater requests for Physical Therapy times 12 sessions for the cervical spine. The treater states the request is for functional improvement. The 09/12/14 utilization review modified the requested 12 visits to 6 visits. MTUS pages 98,99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treatment reports provided do not document prior physical therapy visits; however, the utilization review states the patient has not had recent physical therapy and references sessions from May to July 2010 and in January 2011. In this case, the treater discusses a flare up of pain in the cervical spine and a course of therapy appears indicated. However, the 12 visits requested exceed what is allowed per MTUS above therefore request are not medically necessary.