

Case Number:	CM14-0159975		
Date Assigned:	10/03/2014	Date of Injury:	06/21/2010
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/29/2014

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 Texas. 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 35 year old female with a date of injury on 6/21/2010. There is a 5/14 note indicating the injured worker had a left shoulder impingement and right sided carpal tunnel syndrome. A request was made for additional Norco and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab qd-bid #45 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80.

Decision rationale: The injured worker appears to have used this drug for years. There is nothing in the notes, however, indicating that there was any benefit with the use of this drug. The 4 A's of opiate use, as noted in Medical Treatment Utilization Schedule are not addressed. The criteria for use of opioids section states: The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been

summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors); use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control; documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); continuing review of overall situation with regard to non-opioid means of pain control. There is no indication of any benefit with this drug, in terms of function or pain levels. There is no information about a pain contract or urine drug tests. Given this, the request is not medically necessary.

Zanaflex 2mg 1 bid #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64.

Decision rationale: This is a muscle relaxant. There is no indication that the injured worker has any muscle spasms or other muscle pathology. There is no indication for this muscle relaxant medication at this time. Therefore, this request is not medically necessary.