

Case Number:	CM14-0167091		
Date Assigned:	10/14/2014	Date of Injury:	02/12/2006
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 American Board of Internal 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:

On October 15, 2012, the injured worker received acupuncture (session 8 of 8). His subjective complaints at that time included persistent neck pain, radiating down his shoulders bilaterally. He reports fewer headaches in terms of intensity and/or frequency. He reported having a hard time finding a comfortable position for his neck, which caused him to have sleeping problems. He states that he tosses a lot and wakes up frequently at night. He feels exhausted almost every morning. Treatment rendered included electro acupuncture. He also received acupressure massage, focusing on his back and shoulders. Pursuant to a September 12, 2014 progress report, the injured worker complained of ongoing neck pain, status-post C5-6 discectomy and fusion in 2006 and upper extremity pain. The IW reports a pain level of 5/10 without medications and 4/10 with medications, including Norco 10/325mg taken 6 times daily and Zanaflex 4mg taken once at bedtime. Medications allowed him to remain active, go to school, walk and exercise. He states he stopped taking his Naprosyn. He did not notice any difference in his symptoms with or without it. He denies any side effects. The injured worker reported sleep interruptions, up to 10 times nightly, to shift positions due to pain. The use of a TENS unit was very helpful, according to the report. Objectively, there was ongoing tenderness in the cervical paraspinal muscles and the injured worker was intact neurologically. Diagnoses include: 1. Neck pain s/p C5-C6 discectomy and fusion on October 23, 2006. CT scan of the cervical spine from April 15, 2008 shows what appears to be a solid fusion at C5-C6. CT scan from April 12, 2012 shows a cervical solid fusion at C5-C6 with complete bone growth through this level, anterior plating noted. Moderate spinal stenosis at C6-C7 and probable small posterior disc at C6-C7. 2. Non-industrial MVA September 2, 2013. He is being followed up for injuries sustained in the MVA and is pending surgery. A random urine drug screen was done on September 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Zanaflex 4mg #60 with 4 refills: Upheld

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

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

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex 4 mg #60 with four refills is a muscle relaxant approved for the management of spasticity. This class of drugs, non-sedating muscle relaxants, are recommended as a second line option for short-term treatment of acute exacerbations in patients with chronic pain. Efficacy diminishes over time and prolonged use may lead to dependence. Zanaflex should not be discontinued abruptly and gradual weaning is suggested. In this case, the continued use of Zanaflex is not indicated. The injured worker has been taking Zanaflex since January 2014. The injured worker used Baclofen, another muscle relaxant as far back as September 2013. Additionally, there has been little to no quantifiable functional improvement and, as a result, it is not supported by the guidelines. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines Zanaflex 4 mg #60 with four refills is not medically necessary.

One prescription of Norco 10/325mg #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opiates Page(s): 74-96.

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, Norco 10/325 mg #180 with five refills is not medically necessary. Norco is an opiate indicated for the treatment of moderate to severe pain. Patients taking Norco for longer than six months require documentation that includes pain relief, side effects, physical and psychosocial functioning and the occurrence of potentially aberrant drug-related behaviors to support its use. Opiates should be discontinued if there is no overall improvement or if there is continuing pain with intolerable side effects. In this case, continuation of Norco is not medically indicated. The injured worker has been using Norco for many years with little to no significant quantitative or qualitative improvement. Continuation of Norco is supported by the evidence-based guidelines if there is patient improvement in function and pain. There is none. There was no documentation in the medical record as to pain relief, side effects, physical and psychosocial functioning or the occurrence of potentially aberrant drug-related behaviors. Based on clinical

information the medical record and the peer reviewed, evidence based guidelines, Norco 10/325 mg #180 with five refills is not medically necessary.

One prescription of Norco 10/325mg #180 DND 10/10/14 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opiates Page(s): 74-96.

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, Norco 10/325 mg #180 with five refills DND (Do Not Dispense) until 10/10/14 is not medically necessary. Norco is an opiate indicated for the treatment of moderate to severe pain. Patients taking Norco for longer than six months need to have documentation that includes pain relief, side effects, physical and psychosocial functioning and the occurrence of potentially aberrant drug-related behaviors. Opiates should be discontinued if there is no overall improvement or if there is continuing pain with intolerable side effects. In this case, continuation of Norco is not medically indicated. The injured worker has been using Norco for many years with little to no significant quantitative or qualitative improvement. Continuation of Norco is supported by the evidence-based guidelines if there is patient improvement in function and pain. There is none. There was no documentation as to pain relief, side effects, physical and psychosocial functioning and the occurrence of potentially aberrant drug-related behaviors. The provider indicated that precautions be made so the second prescription for Norco did not get dispensed by pharmacy until October 10, 2014. The analysis remains the same as above. Based on clinical information in the medical record and the peer reviewed, evidence based guidelines, Norco 10/325 mg #180 with five refills DND 10/10/2014 is not medically necessary.