

Case Number:	CM14-0169438		
Date Assigned:	10/17/2014	Date of Injury:	02/25/2013
Decision Date:	11/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 patient is a 50 year-old male who was injured on 2/25/13 when he reached to lift a 25 pound object. He complained of left shoulder, lower back, and right lower extremity pain. On exam, he had decreased range of motion, which improved with physical therapy and strength deficits. On 12/2013, he had a lumbar MRI showing central disc protrusion at L5-S1, broad-based disc bulge at L2-3, mild foraminal stenosis more on the right side at L3-4 and L2-3, and right lateral osteophyte disc at L4-5 possibly involving the L4 nerve root. He had also had a right knee MRI showing maceration of lateral meniscus anterior horn. He had a recent lumbar MRI showing degenerative disc disease at T12-L1 through L5-S1 with disc protrusions at L1-L2 and L2-L3. An MRI of the left shoulder showed tendinopathy of the supraspinatus and 1cm full thickness tear of the rotator cuff between the infraspinatus and teres minor tendons. He was diagnosed with complete rupture of rotator cuff and thoracic or lumbosacral neuritis or radiculitis. His medications included Ultracet, Lodine, Lyrica, Zanaflex, and Lidoderm patches. He had physical therapy with improvement in symptoms and continues with a home exercise program. He had a left shoulder rotator cuff repair on 7/12/13. He was also to receive epidural steroid injections in the future. The current request is for renewal of Zanaflex and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Ultracet 57.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

Decision rationale: The request for Ultracet is considered medically necessary. The patient has been prescribed Ultracet since 2/2014. The 4 A's, pain relief, appropriate medication use, side effects, and improvement in function need to be documented for ongoing monitoring of chronic opiate use. The patient has 40-50% reduction of pain with medications, as per the chart, no side effects, or aberrant behavior. He had an appropriate urine drug screen in 9/2014 as per the progress note although a UDS showing positive tramadol was not included in the chart. He is working full-time, and drives during the day. He only takes Ultracet in the evening which allows him to sleep. However, according to a 2/13/14 progress note, Ultracet was started as a non-sedating, non-narcotic medication to help control his pain. As Ultracet is considered a narcotic, this was an error by the documenting physician. But now it is documented to be used for pain relief during the night so the patient can sleep, since he experiences pain in his shoulder when turning in bed. The UR would not authorize the use of Ultracet because they claimed there was not enough documentation of pain relief, functional status, appropriate medication use, and side effects. Because the 4A's have been documented, the patient is able to work full time, and he is able to sleep during the night with the pain relief provided by Ultracet, it is medically necessary to continue the Ultracet at this time.

60 tablets of Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain which the patient experienced in his right lower extremity. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most of lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. The patient is currently on Lodine. Efficacy wanes over time and chronic use may result in dependence. The patient has been prescribed this since 2/2014. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered medically unnecessary.