

Case Number:	CM14-0026057		
Date Assigned:	06/13/2014	Date of Injury:	03/10/2004
Decision Date:	10/09/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 48-year-old female who reported injury on 03/10/2004. The mechanism of injury was continuous trauma. The specific medications included opiates since at least 2008. The injured worker's history included a right Guyon's canal surgery, right carpal tunnel release, a left carpal tunnel release, and left elbow surgery. Prior studies included MRIs and electrodiagnostic studies. Prior therapies included physical therapy, medications, and trigger point injections. The injured worker was noted to undergo urine drug screens. The documentation of 02/12/2014 revealed the injured worker was in the office for medication refills. The physical examination revealed the injured worker had no changes in cervical muscle spasms and had tenderness to palpation. The diagnoses included other chronic pain and brachial plexus lesions. The treatment plan included a refill of current medications. There was a Request for Authorization filled out for follow-up and unlisted medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had utilized the medication since at least 2008. The clinical documentation indicating the injured worker was being monitored for aberrant drug behavior; however it failed to meet the other criteria. The specific medications were not listed per the physician's note. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 10mg #60 is not medically necessary.

ZANAFLEX 4MG #240: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of pain. The documentation indicated the medication was for a refill, however, the specific duration of use could not be established. The physician documented that the injured worker continued to have muscle spasms with the use of the medication, as such; there was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 4mg #240 is not medically necessary.

NORCO 10/325MG #180: 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 Medications for Chronic pain, ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had utilized the medication since at least 2008. The clinical documentation indicating the injured worker was being monitored for aberrant drug behavior; however it failed to meet the other criteria. The specific medications were not listed per the physician's note. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #180 is not medically necessary.

