

Case Number:	CM14-0031174		
Date Assigned:	04/09/2014	Date of Injury:	09/10/2001
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 53-year-old female with date of injury of 09/10/2001. The listed diagnoses per the provider dated 12/04/2013 are: cervicgia status post remote fusion, marked myofascial syndrome, possible adhesive capsulitis, bilateral shoulders, and depressive disorder, NEC. According to the report by [REDACTED] dated 11/21/2013, the patient complains of persistent axial spinal neck pain. She rates her pain a 7/10. Her medications include: Ultracet, Vicodin, Voltaren, and Zanaflex. The patient is also concerned about the remarkable stiffness and lost range of motion. The exam shows range of motion to be in a 50% to 60% range only. She is neurologically intact. The Utilization Review denied the request on 01/02/2014. The treating provider is requesting a refill for Ultracet and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 325/37.5MG: SIG: 2 TABLETS 3 TIMES A DAY, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Tramadol Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section On-going management Page(s): 78.

Decision rationale: This patient presents with chronic neck pain. The treating provider is requesting a refill for Ultracet. For chronic opiates use, the MTUS guidelines require specific documentations regarding pain and function. The MTUS require "pain assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug-seeking behavior. The review of over 200 pages records show that the patient has been taking Ultracet since 2002. The treating provider mentions efficacy stating, "pain medication provides me with little relief from pain." In this case, the patient does not experience any significant functional improvement with medication use. Furthermore, the treating provider does not document ADLs, adverse side effects and aberrant drug-seeking behavior as required by MTUS Guidelines. The recommendation is for denial.

ZANAFLEX 4MG: SIG: 1 TABLET QID, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/antispasmodic drugs: Zanaflex Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/antispasmodic drugs: Zanaflex Page(s): 66.

Decision rationale: This patient presents with chronic neck pain. The treating provider is requesting a refill for Zanaflex, a muscle relaxant. The MTUS Guidelines states, "Tizanidine (Zanaflex Â®, generic available) is a centrally acting alpha-1 adrenergic agonist that is Food and Drug Administration (FDA)-approved for management of spasticity; and labeled use for low back pain." In addition, it demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. The review of records from 04/18/2013 to 12/04/2013 show that patient has been taking Tizanidine since 2002. The treating provider notes medication efficacy stating, "She finds that Zanaflex helps the best. She does rely on this the most." In this case, the patient reports significant relief from medication use. The recommendation is for authorization.