

Case Number:	CM14-0048469		
Date Assigned:	07/02/2014	Date of Injury:	04/06/1994
Decision Date:	10/14/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 61-year-old male, who reported an injury of unknown mechanism on 04/06/1994. On 09/04/2013, his diagnoses included nonindustrial right knee replacement, chronic neck pain with history of C4-5 and C5-6 fusion surgery x3, status post right carpal tunnel release, history of right shoulder surgery, and 3 level lumbar discogenic pain. His medications included Norco 10/325 mg, Lunesta 3 mg, Flexeril 10 mg, Colace 250 mg, lactulose (no dosage noted), Lyrica 75 mg, Zanaflex 4 mg, and Biofreeze. On 02/19/2014, his diagnoses remained unchanged. His Zanaflex was increased to 4 per day for the relief of chronic myofascial pain, (which was identified in his neck and lower spine). His Flexeril was increased from 1 to 3 times a day "for acute flares." His other medications remained unchanged. A request for Authorization dated 03/10/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Quantity 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-95.

Decision rationale: California MTUS Guidelines recommends ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or antidepressants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, or antidepressants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg Quantity 360 is not medically necessary.

Zanaflex 4 MG Quantity 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS Guidelines recommends that most muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Zanaflex is FDA approved for management of spasticity, and unlabeled use for low back pain. It is recommended as a first line option to treat myofascial pain. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. The submitted documentation revealed that this injured worker has been using Zanaflex since 09/04/2013, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included in the request. Therefore, this request for Zanaflex 4 mg Quantity 240 is not medically necessary.

Flexeril 10 MG Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with pain. In most cases, they show no benefit beyond NSAIDs. Flexeril is recommended for a short course of therapy. Limited and mixed evidence does not allow for a recommendation for chronic use. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker had been using Flexeril since 09/04/2013, which

exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included in the request. Therefore, this request for Flexeril 10 mg Quantity 60 is not medically necessary.

BioFreeze Two Tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines refers to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The clinical information as submitted failed to meet the evidence based guidelines for topical analgesics. Additionally, the body parts to which this cream was to have been applied was not specified in the request. Furthermore, there was no frequency of application included in the request. Therefore, this request for Biofreeze Two Tubes is not medically necessary.