MAXIMUS Federal Services

Case Number:	CM14-0058339		
Date Assigned:	07/09/2014	Date of Injury:	09/10/1993
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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, and is licensed to practice in Texas and Ohio. 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 52-year-old male with a reported date of injury on 09/10/1993. The mechanism of injury was reportedly caused by repetitive use. The injured worker's diagnoses included brachial plexus neuritis/brachial plexus neuropathy. The injured worker described his pain as radicular pain extending from his neck down both arms, and exacerbations of migraines. The injured worker has a history of 2 heart attacks, the first being in on 03/07/2013. The injured worker presented with pain rated at 5/10. The upper extremities presented with full range of motion, except for the shoulders which revealed abduction to 110 degrees. The neurological exam revealed to be within normal limits. The injured worker's medication regimen included Norco 10/325 mg, Zonegran, Zanaflex, flecainide, glucosamine/chondroitin, Miralax powder, aspirin, Lipitor, Plavix, Senokot, vitamin B, multivitamins, vitamin E, and calcium supplements. The injured worker indicated that the current medication regimen provided significant benefits in the pain control. The plan of care included the request for cervical MRI and reported lab work. The request for authorization for Norco 10/325 mg #210, Zanaflex 4 mg #360, and Zonegran 100 mg #180 was submitted, signed, but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #210: 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 Opioids, On-going Management, page(s) 78 Page(s): 78..

Decision rationale: The California MTUS Guidelines recommend that ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker utilized Norco prior to 09/2013. There is a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the clinical note dated 04/27/2014, the physician indicated the injured worker had 250 Norco remaining. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #210 is not medically necessary.

Zanaflex 4 mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66..

Decision rationale: The California MTUS Guidelines state that Zanaflex is a centrally acting alpha2-adrenergic agonistic that is FDA approved for management of spasticity; unlabled use for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. The clinical information provided for review lacks documentation related to the injured worker suffering from spasms or the need for management of spasticity. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Zanaflex 4 mg #360 is not medically necessary.

Zonegran 100 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs(AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16..

Decision rationale: The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in

general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. There are few RCTs directed for central pain and none for painful radiculopathy. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. There is a lack of documentation related to the therapeutic and functional benefit in the use of Zonegran. In addition, the Guidelines recommend the continued use of AEDs depending on the improved outcomes versus tolerability of adverse effects. Furthermore, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Zonegran 100 mg #180 is not medically necessary.