

Case Number:	CM14-0070530		
Date Assigned:	07/14/2014	Date of Injury:	03/10/2004
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 48-year-old female with a 3/10/04 date of injury, and status post left shoulder arthroscopy (undated), and status post right shoulder arthroscopy 11/15/12. At the time (2/12/14) of request for authorization for Opana ER 10mg #60, Zanaflex 4mg #240, and Norco 10/325mg #180, there is documentation of subjective (persistent left neck and upper quadrant pain, numbness and tingling) and objective (no changes in cervical muscle spasm and tenderness to palpation) findings, current diagnoses (other chronic pain, brachial plexus lesions, mononeuritis of unspecified site, pain in joint, shoulder region, pain in joint, lower leg, lumbar/lumbosacral intervertebral disc degeneration, and thoracic/lumbosacral neuritis/radiculitis), and treatment to date (medications (including ongoing treatment with Zanaflex since at least 9/12/13, Norco, and Opana ER)). Regarding Opana ER, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, Opana used as second line therapy for long acting opioids, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date. Regarding Zanaflex, there is no documentation of acute muscle spasms, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opana FDA Labeling.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of other chronic pain, brachial plexus lesions, mononeuritis of unspecified site, pain in joint, shoulder region, pain in joint, lower leg, lumbar/lumbosacral intervertebral disc degeneration, and thoracic/lumbosacral neuritis/radiculitis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of Opana used as second line therapy for long acting opioids. Furthermore, given documentation of ongoing treatment with Opana, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date. Therefore, based on guidelines and a review of the evidence, 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 Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of other chronic pain, brachial plexus lesions, mononeuritis of unspecified site, pain in joint, shoulder region, pain in joint, lower leg, lumbar/lumbosacral intervertebral disc degeneration, and thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of muscle spasms. However, given documentation of a 2/12/14 date of injury, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Zanaflex since at least 9/12/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, given documentation of ongoing treatment with Zanaflex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, 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 Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of other chronic pain, brachial plexus lesions, mononeuritis of unspecified site, pain in joint, shoulder region, pain in joint, lower leg, lumbar/lumbosacral intervertebral disc degeneration, and thoracic/lumbosacral neuritis/radiculitis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit

or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #180 is not medically necessary.