

Case Number:	CM14-0080690		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2007
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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:

This is a 61 year-old female patient with a 10/10/2007 date of injury. The mechanism of injury was not described. On a progress report dated 4/29/14 the patient complained of a flare-up of left-sided neck and shoulder pain. The patient had tried manual traction with some improvement. She also claimed there was pain in both wrists and hands. She also stated she had numbness in both hands. The exam noted left shoulder tenderness over the subacromial, ROM limited, mild rigidity in the left side of the cervical paraspinal muscles extending into the cervical trapezius muscles upon palpation. Neck ROM was mildly limited in all planes. Flexion and extension was 10 degrees. There were positive Phalen and Tinel signs in the left upper extremity hand region. Finkelstein maneuver was mildly painful as well. Otherwise, the physical exam was unremarkable. The diagnostic impression is cervical sprain, knee sprain/strain, wrist sprain, and shoulder bruise. Treatment to date includes manual traction, heat patches, ice packs, home exercise program, and medication management. A UR decision dated 5/21/14 denied the requests for Norco 10/325 #90 and Zanaflex 2mg #90. The rationale for denial of Norco 10/325 was that there was no mention of the need for ongoing treatment with Norco with the improvement of pain and function. There was no mention anywhere of whether the patient's pain coping skills had ever been addressed and why opioid weaning is not in the treatment plan. The California MTUS guideline for long-term use of opioids was not supported. The rationale for denial of the Zanaflex 2mg was that California MTUS guidelines don not support the long-term use of muscle relaxants. There was no mention of any improvement with overall pain and function with the medication management. There was no documentation on physical exam of any particular muscle spasms occurring that would support the use of ongoing treatment with Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been using Norco long-term, since at least October 2013. The progress reports do not show any improvement in pain or functionality. On a visit dated 10/31/13 the patient complains of neck and shoulder pain at a level of 9/10 while on medication. The patient has complained of severe flare-ups of left-sided neck pain and muscle spasms in every report from 10/31/13 to 4/29/14. There is no evidence of CURES monitoring, a current opiate contract, and discussion of appropriate weaning, improvement in functionality, continued analgesia, or evidence of a urine drug screen. Therefore, the request for Norco 10/325 #90 is not medically necessary.

Zanaflex 2mg #90: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The California MTUS guidelines state that muscles relaxants could be used as a second-line option for short-term treatment of an acute exacerbation in patients with lower back pain. This patient has been on Zanaflex since at least October 2013. On every progress report from 10/31/13 to 4/29/14 the patient has complained about a flare-up of left-sided neck pain and spasm. However, during this time the patient has been taking Zanaflex. The California MTUS guidelines do not support the long-term use of muscle relaxants and it's nowhere documented how this is improving the patients' pain or functionality. Therefore, the request for Zanaflex 2mg #90 is not medically necessary.

