

Case Number:	CM14-0088683		
Date Assigned:	07/23/2014	Date of Injury:	12/01/2001
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on December 1, 2001. The mechanism of injury was not described in the records reviewed. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of cervical spine pain. Pain is rated at 6/10 without medications and 2/10 with medications. The physical examination demonstrated decreased cervical spine range of motion and tenderness and spasms over the paravertebral muscles. Tenderness was also noted at the trapezius. A Spurling's test caused pain to radiate to the upper extremity. Diagnostic imaging studies of the cervical spine show discogenic changes at C5 - C6 with degenerative bridging of the facet joints. Upper extremity nerve conduction studies indicated bilateral median neuropathy is at the wrist and moderate ulnar neuropathies at the elbow most likely superimposed on a peripheral neuropathy. Previous treatment includes oral medications, physical therapy, epidural steroid injections, and a home exercise program. A request had been made for Zanaflex, MS Contin 15 mg, Norco, and Senokot and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG, #30: 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 (for pain) Page(s): 63-66.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated July 1, 2014, the injured employee does not have any complaints of acute exacerbations. Therefore, this request for Zanaflex is not medically necessary.

MS CONTIN 15 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 93.

Decision rationale: The most recent progress note dated July 1, 2014, recommends further tapering the injured employees usage of MS Contin down to 60 mg per day. As the injured employee is already prescribed 30 mg MS Contin tablets, this request for MS Contin 15 mg is not medically necessary.

NORCO 10/325 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

SENOKOT-S 8.6 - 50 MG # 60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: Senokot is a vegetable laxative that assists with issues relative to constipation. This preparation is not addressed in either, the MTUS, ACOEM or Official Disability Guidelines. The literature notes that this is indicated for the short-term treatment of symptomatic constipation. The records presented for review do not indicate that the injured employee has any constipation issues. As such, this request for Senekot - S is not medically necessary.