

Case Number:	CM14-0185824		
Date Assigned:	11/13/2014	Date of Injury:	01/01/1997
Decision Date:	01/02/2015	UR Denial Date:	10/12/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61 year old female with an injury date of 1/01/97. Work status is not addressed in submitted documents. Based on the 10/17/14 progress report, this patient presents with "persistent bilateral shoulder and wrist/hand pain, as well as neck pain." She complains of "stabbing pain in the neck, bilateral shoulders and wrists with associated pins and needles sensation" with "numbness and tingling in her hands." Pain in the neck, right shoulder, and right hand are reported as 5/10 and left shoulder and right hand pain are reported as 6/10. She also has "stabbing pain in the bilateral legs." Patient states she is taking "Ketoprofen, Norco, Tizanidine, and Nucynta ER," which are "finally helping." Exam shows "tenderness about the cervical paraspinal muscles, trapezius muscles, and about the insertion of the paraspinal muscles at the occiput." Patient has spasm with cervical range of motion and has 2+ bilateral upper extremity reflexes. Biceps tendon, acromioclavicular tendon, and deltoid muscle are tender to palpation with positive impingement signs. Neer's test, Hawkins' test and O'Brien's test are positive. Right wrist is positive for Phalen's and Tinel's signs with "tenderness about the thenar eminence" with mild swelling. Right wrist dorsiflexion and volar flex up to 60 degrees, with 15 degrees with ulnar and radial deviation. Pages 4 and 5 of the 10/17/14 are absent from the submitted documents, thus diagnoses and treatment plans are not available, nor can a current list of prescribed medications be obtained. The utilization review being challenged is dated 10/12/14. The request is for Norco 10/325mg #90 with 2 refills and Tizanidine 4mg #90 with 3 refills. Norco was modified and only certified for #70, with zero refills. A single report was submitted, dated 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: 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): 88,89,78.

Decision rationale: This patient presents with "persistent bilateral shoulder and wrist/hand pain, as well as neck pain." The treater requests Norco 10/325 #90 with 2 refills; no report was submitted with the request. Regarding long-term users of opioids, MTUS guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Also, MTUS page 78, requires documentation of the four As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient reports using Norco in the single progress report that was provided, dated 10/17/14. According to the 10/12/14 utilization review letter, the patient has been "utilizing use of Norco since May of 2011." Given the lack of discussion to taper opioid use and the absence of documentation of the four As regarding pain and function as required by MTUS guidelines, the modified and certified quantity of 70 seems reasonable to initiate a weaning schedule. As for request for Norco 10/325 #90 with two refills, is not medically necessary.

Tizanidine 4mg #90 with 3 refills: 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 Muscle Relaxants for Pain Page(s): 63-66.

Decision rationale: This patient presents with "persistent bilateral shoulder and wrist/hand pain, as well as neck pain." The treater requests Tizanidine 4mg #90 with 3 refills; no report was submitted with the request. MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term of acute exacerbations in patients with chronic low back pain (LBP). Regarding Tizanidine, MTUS recommends its use for management of spasticity; unlabeled use for low back pain. Due to the potential for hepatotoxicity, liver function tests should be monitored baseline, 1, 3, and 6 months. Also, as with most LBP cases, MTUS guidelines state "muscle relaxants show no benefit beyond NSAIDs (or in combination with) in pain and overall improvement; efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." According to the 10/12/14 utilization review letter, patient has been utilizing use of Tizanidine since May of 2011; however, no other reports are available except the single report from 10/17/14. Per the 10/17/14 report, patient

states she is taking "Ketoprofen, Norco, Tizanidine, and Nucynta ER." MTUS page 60, states, "A record of pain and function with the medication should be recorded." Given the absence of documentation of pain and function except for "finally working" as reported by patient, and the absence of a hepatotoxicity assessment and monitoring of liver function test (LFTs), the requested medication is not medically necessary and appropriate.