

Case Number:	CM14-0191684		
Date Assigned:	11/25/2014	Date of Injury:	08/16/2001
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 58 year-old patient sustained an injury on 8/16/2001 from a fall trying to catch herself with her right hand while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #240 and Zanaflex 4mg #60. Diagnoses include RSD of upper limb; cervicalgia/ neck pain (industrially disputed); adhesive capsulitis of shoulder; limb pain; and rotator cuff sprain. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ambien, Zanaflex, Lexapro, Zoloft, Prozac, Nucynta, and Norco with previous review recommending weaning. The patient continues to treat for chronic pain complaints. Report of 10/23/14 from the provider noted the patient with persistent significant left upper extremity pain on right relieved with medications and has completed 2 of 8 PT sessions. Pain was rated at 9/10 down to VAS of 5/10 with medications allowing for increased function and overall improvement. Exam showed unchanged findings of restricted shoulder range with tenderness on palpation. Treatment plan included continued medication refills. The request(s) for Norco 10/325mg #240 and Zanaflex 4mg #60 was non-certified on 11/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #240 is not medically necessary and appropriate.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66,64,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2001. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 4mg #60 is not medically necessary and appropriate.