

Case Number:	CM14-0195367		
Date Assigned:	12/19/2014	Date of Injury:	01/17/2002
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Practice 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:

60 yr. old male claimant sustained a work injury on 1/7/02 involving the neck, back and arm. He was diagnosed with brachial neuritis, cervical spondylosis, and cervicgia. He has lumbar disk disease. He had radiofrequency neurotomy which provided 80% relief. A progress note on 10/7/14 indicated the claimant had persistent neck pain. Exam findings were notable for tenderness in the left upper neck and decreased grip in the right side. He was treated with Percocet for burning pain after his neurotomy. He remained on Zanaflex and Percocet. A urine drug screen was ordered. A progress note on 11/5/14 indicated the claimant had tenderness in the paracervical region, tenderness in the transverse processes, and restricted range of motion of the lumbar and cervical spine. The claimant remained on Zanaflex for muscle spasms Percocet (oxycodone) for pain. A urine drug screen was requested to insure compliance. The test was consistent with medications given. A subsequent order was made for Flexeril as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 5/325 MG #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): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. Per the MTUS guidelines, Percocet is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. In addition, it is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use and long Term-use has not been supported by any trials. In this case, the injured worker has been on Percocet for several months with no improvement in function. Therefore, this request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 90-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history, this request is not medically necessary.

Zanaflex 4 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 90-92.

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain and it falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the injured worker had been on muscle relaxants the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary; therefore, Zanaflex is not medically necessary.

Unknown prescription Flexeril: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in low back pain they show no benefit over non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The injured worker had been on muscle relaxants for months. Based on the medical records and guidelines, this request is not medically necessary.