

Case Number:	CM14-0200777		
Date Assigned:	12/11/2014	Date of Injury:	02/24/2006
Decision Date:	02/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54 year old female with a work injury dated 02/24/2006. She presents for follow up on 10/14/2014 with complaints of chronic pain in cervical and lumbar spine. Physical exam revealed spasm and tenderness over the paravertebral muscles of the cervical spine, however range of motion was better. Focal muscle tenderness was noted in the upper back and over the paravertebral muscles of the lumbar spine with decreased range of motion in flexion and extension. Prior treatments included implantation of spinal cord stimulator, trigger point injections and medications. Diagnoses included:-Status post permanent spinal cord stimulator implantation-Cervical radiculopathy-Lumbosacral radiculopathyThe provider noted the injured worker had improved functional capacity with activities of daily living with medication. Norco 10/325 # 90 and Zanaflex 4 mg # 90 were requested. On 10/31/2014 utilization review issued a decision for non-certification of pharmacy purchase of Norco 10/325 mg # 90 and Zanaflex 4 mg # 90 stating: "CA MTUS does not recommend long term usage of any of the medications requested and there is no documentation or rationale the requested medications are required for treatment of the injury of 02/24/2006." Guidelines cited were CA MTUS Opioids for chronic pain and muscle relaxants for pain. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg #90 is not medically necessary.

Zanaflex 4 mg #90: 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): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4 mg #90 is not medically necessary.

Ibuprofen 400 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, non-selective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 400 mg #60 is not medically necessary.

CT scan of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, and in the chapter of neck complaints, a CT scan of the cervical spine is recommended in case of signs of anatomical defect such as root compromise. There is no clinical or neurophysiological signs of root compromise. Therefore, the request cervical spine CT of the neck is not medically necessary.