

Case Number:	CM14-0206282		
Date Assigned:	12/18/2014	Date of Injury:	08/17/2010
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 th

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 52 years old female patient who sustained an injury from 8/17/2010 to 8/17/2011. She sustained the injury due to cumulative trauma. The current diagnoses include cervical strain, thoracolumbar sprain and psychological and sleep problem. Per the doctor's note dated 10/27/2014, she had complaints of moderate neck and right upper extremity pain with numbness. The physical examination revealed tenderness and spasms of the bilateral trapezius and cervical paravertebral muscles, a positive Spurling's test, and decreased sensation over the C6 and C7 dermatomes. The medications list includes anaprox and zanaflex. Patient was prescribed tylenol no. 3, ativan and norflex on 10/27/14. She has had cervical MRI dated 12/22/2011 which revealed a 3 to 3.2-millimeter disc protrusion at the C4-C5, C5-C6 and C6-C7 levels with mild to moderate bilateral neuroforaminal narrowing. She has had chiropractic care and electrical muscle stimulation for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 300/30 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 Criteria for Use of Opioids Page(s): 76-80.

Decision rationale: Tylenol no.3 contains Codeine and acetaminophen. Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent UDS report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol No. 3 300/30 mg # 60 is not established for this patient.

Norflex 100 mg # 60: 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), Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, gener.

Decision rationale: Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, " it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Muscle relaxants are recommended for a short period of time. The patient has had chronic pain since 2011. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. The patient has been prescribed Flexeril and Zanaflex in the past which are also muscle relaxants. The detailed functional response to these previously prescribed muscle relaxants is not specified in the records provided. The patient has been taking muscle relaxants for a long period of time on a daily basis. The medical necessity of Norflex 100 mg # 60, as prescribed, is not fully established for this patient at this time.

Ativan 1 mg # 30: 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan contains lorazepam which is a benzodiazepine. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of Ativan 1 mg # 30 is not established for this patient.