

Case Number:	CM14-0211796		
Date Assigned:	12/24/2014	Date of Injury:	09/29/2003
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male who reported an injury on 09/29/2003. The mechanism of injury was not provided. Prior surgeries included a cervical fusion at the level of C5-6 and C6-7 and revision in 11/2006. The documentation of 11/25/2014 revealed the injured worker had persistent neck and shoulder pain radiating down the right arm. Medications were noted to help. The Norco was noted to decreased pain from a 7/10 to a 4/10 and the medication was noted to allow the injured worker to be functional. The injured worker denied side effects and there were no aberrant drug behaviors noted as the injured worker had a pain contract on file. The injured worker indicated Zanaflex helped with chronic muscle pain. The medications were noted to include Norco 10/325 by mouth 4 times a day and Zanaflex 4 mg by mouth at bedtime. The diagnostic studies were noted to include a CT myelogram which revealed pseudarthrosis in 06/2006. The treatment plan included refill of medications including Norco and Zanaflex. The injured worker was to do a urine drug screen on the date of service 11/25/2014. There was no Request for Authorization form submitted for review. There was no documentation submitted for review dated 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg # 360 for DOS 9/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was no clinical documentation submitted for review dated 09/02/2014. As such, efficacy and objective functional benefit could not be established for that date of service. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 360 tablets. Given the above, the request for Retrospective Norco 10/325mg # 360 for DOS 9/2/2014 is not medically necessary.

Retrospective Zanaflex 4mg # 120 for DOS 09/02/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. There was no documentation submitted for review for the requested date of service as such, the efficacy could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Retrospective Zanaflex 4mg # 120 for DOS 09/02/14 is not medically necessary.