MAXIMUS Federal Services

Case Number:	CM15-0103013		
Date Assigned:	06/05/2015	Date of Injury:	05/26/2010
Decision Date:	07/09/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	05/28/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female, who sustained an industrial injury on 5/26/10. The diagnoses have included hand pain, headaches, cervical pain, epicondylitis, and shoulder impingement bilateral carpel tunnel syndrome status post carpel tunnel release surgery. Treatment to date has included medications, diagnostics, activity modifications, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/14/15, the injured worker complained of cervical pain and discomfort described as burning, radiating and with associated numbness. The pain was rated 8-9/10 on pain scale. She also complained of migraine headaches rated 7-8/10 on pain scale and described as aching, pressure, nausea, vomiting. The pain radiated to the back of the neck and she had sensitivity to light and sound and was lightheaded. She also complained of hand pain described as aching, crushing, pressure, sharp, shooting, throbbing numbness and rated 4/10 on pain scale. She noted benefit from the medications, was noted by her provider to have nociceptive, neuropathic and inflammatory pain, and has no aberrant drug-seeking behaviors. The physical exam revealed appropriate mood and affect; decreased light touch sensation was noted bilaterally in the C7 and C8 dermatomes. The bilateral shoulder abductors and adductors had muscle strength of 3/5. The bilateral thumb adductors, abductors, bilateral biceps, bilateral triceps, bilateral wrist extensors and bilateral wrist flexors had muscle strength 4+/5. The neck exam revealed pain to palpation, secondary myofascial pain with triggering and ropey fibrotic banding bilateral, pain with rotational extension (indicating bilateral facet capsular tears), positive Sperling's maneuver bilaterally. X- rays of the bilateral shoulders and cervical spine noted in the records. The current medications included Norco, Zanaflex and Fetzima. The urine drug screen dated 2/9/14 was

consistent with the medications prescribed. The physician requested treatments included Consultation with Pain Psychologist, Zanaflex 4mg #60, Norco 5/325mg #120, and Fetzima 40mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pain Psychologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 1, pg 3; Chp 2, pg 23, 25; Chp 5, pg 86-7, 90, 92,Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS);Psychological evaluations Page(s): 40, 100-2.

Decision rationale: This patient is over 4 years past her date of injury and is still significantly disabled. It is well known that there are multiple barriers to recovery from work-related injuries and psychosocial barriers are common. Psychological evaluations are in wide spread use for chronic pain populations for these reasons and are effective in distinguishing these barriers and determining psychosocial interventions. In order to move this patient into recovery her treatment would benefit from adequate psychological support. This support should allow for development of coping skills for pain, improved quality of life, and should enhance the effectiveness of other treatment modalities. Medical necessity for psychological consultation with a pain psychologist is medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)/Anti-spasticity Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Pain Procedure summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-6.

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to relax spastic muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. In fact, chronic use of these medications may reduce a patient's motivation or ability to increase activity and thus hinder return to function. The MTUS recommends use of tizanidine for muscle spasms and/or pain relief associated with chronic low

back pain. It also notes that muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 6 months. There is no documented use of this medication as an intermittent or "as needed" treatment. The patient uses it only at bedtime and there is no documentation it uses improves function. Medical necessity for continued use of muscle relaxants as a group or Zanaflex specifically is not medically necessary.

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This patient has used first-line medications for chronic pain (Fetzima, an anti-depressant). Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of Norco. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following these criteria. Considering the entire above, medical necessity for continued use of Norco is medically necessary.

Fetzima 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Medications for chronic pain Page(s): 13-16, 60-1.

Decision rationale: Levomilnacipran (Fetzima) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. This patient has a diagnosis of neuropathic pain. However, there is no documentation she is getting a benefit from current use of this medication which is a requirement described in the MTUS for continued use. Without

documented effectiveness, there is no indication to continue use of this medication. Therefore, at this point in the care of this patient medical necessity to continue use of this medication is not medically necessary.