

Case Number:	CM15-0107127		
Date Assigned:	06/11/2015	Date of Injury:	10/10/2006
Decision Date:	09/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 10/10/06. The injured worker has complaints of neck pain and right shoulder pain. The documentation noted that the cervical spine range of motion was restricted with flexion limited to 40 degrees and extension limited to 15 degrees. The paravertebral muscles, spasm, tenderness and right muscle band is noted on the right side and tenderness is noted at the paracervical muscles, trapezius and supraspinatus. The diagnoses have included shoulder pain; elbow pain; spinal/lumbar degenerative disc disease and low back pain. Treatment to date has included H wave unit and stretching; ibuprofen for inflammation; trazodone for insomnia; norco for pain; soma and zanaflex and injections. The request was for 180 norco 10/325mg; 60 trazodone 50mg; 90 soma 350mg; 30 zanaflex 2mg and 60 ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 10/10/06 and presents with neck pain and right shoulder pain. The request is for 180 NORCO 10/325 MG for pain control. The utilization review denial rationale is that "there does not appear to be significant pain decreases or functional improvements despite prolonged use of this medication & lack of improvement." The RFA is dated 05/20/15 and the patient is permanent and stationary. She has been taking this medication as early as 11/05/14. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 05/20/15, the patient rated her pain as a 4.5 with medications and a 9/10 without medications. "No new problems or side effects. She states that medications are working well." With medications, patient is able to perform household tasks including laundry, meal preparation and self-care approximately 30-45 minutes at a time. Writing/computer use is limited to 15-30 minutes per hour. Grocery shopping is limited to 30-45 minutes at a time. The patient has signed opiate agreement on file which the patient understands. In this case, all of the 4As are addressed as required by MTUS Guidelines. There are medication pain scales provided, examples of ADLs which demonstrate medication efficacy, and no documented adverse behavior/side effects. The treating physician provides adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is medically necessary.

60 Trazodone 50mg: 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), Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient was injured on 10/10/06 and presents with neck pain and right shoulder pain. The request is for 180 NORCO 10/325 MG for pain control. The RFA is dated 05/20/15 and the patient is permanent and stationary. She has been taking this medication as early as 11/05/14. Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient is diagnosed with shoulder pain, elbow

pain, spinal/lumbar degenerative disc disease, and low back pain. On 05/20/15, the patient rated her pain as a 4.5 with medications and a 9/10 without medications. "No new problems or side effects. She states that medications are working well." The treater does not specifically discuss efficacy of Trazodone on any of the recent reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation of improvement of sleep, the requested Trazodone is not medically necessary.

90 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

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

Decision rationale: The patient was injured on 10/10/06 and presents with neck pain and right shoulder pain. The request is for 90 SOMA 350 MG for muscle spasms. The RFA is dated 05/20/15 and the patient is permanent and stationary. She has been taking this medication as early as 11/05/14. MTUS Guidelines, Muscle Relaxants, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has a limited cervical spine range of motion, paravertebral muscles, spasm, tenderness and right muscle band is noted on the right side and tenderness is noted at the paracervical muscles, trapezius and supraspinatus. Regarding the lumbar spine, there is a limited range of motion, on palpation, paravertebral muscles, hypertonicity, tenderness and tight muscle band is noted on both sides. The shoulder has a limited range of motion, a positive Hawkins, a positive Neer test, a positive Speeds test, and on palpation, tenderness is noted in the acromioclavicular joint, trapezius, and supraspinatus. The left hand has a painful range of motion, tenderness is noted over the SI joint of the right hip, and both the Gaenslen's and FABER test are positive for the hip. She is diagnosed with shoulder pain, elbow pain, spinal/lumbar degenerative disc disease, and low back pain. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 11/05/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma is not medically necessary.

30 Zanaflex 2mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: The patient was injured on 10/10/06 and presents with neck pain and right shoulder pain. The request is for 30 Zanaflex 2 MG. The RFA is dated 05/20/15 and the patient is permanent and stationary. She has been taking this medication as early as 11/05/14. MTUS

Guidelines, Muscle Relaxants, pages 63 to 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS Guidelines, Muscle Relaxants for pain, page 66 states the following: "Anti-spasticity/ Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The patient has a limited cervical spine range of motion, paravertebral muscles, spasm, tenderness and right muscle band is noted on the right side and tenderness is noted at the paracervical muscles, trapezius and supraspinatus. Regarding the lumbar spine, there is a limited range of motion, on palpation, paravertebral muscles, hypertonicity, tenderness and tight muscle band is noted on both sides. The shoulder has a limited range of motion, a positive Hawkins, a positive Neer test, a positive Speeds test, and on palpation, tenderness is noted in the acromioclavicular joint, trapezius, and supraspinatus. The left hand has a painful range of motion, tenderness is noted over the SI joint of the right hip, and both the Gaenslen's and FABER test are positive for the hip. She is diagnosed with shoulder pain, elbow pain, spinal/lumbar degenerative disc disease, and low back pain. On 05/20/15, the patient rated her pain as a 4.5 with medications and a 9/10 without medications. "No new problems or side effects. She states that medications are working well." MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. In this case, the patient is receiving benefit from Zanaflex. Therefore, the request is medically necessary.

60 Ibuprofen 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient was injured on 10/10/06 and presents with neck pain and right shoulder pain. The request is for 60 Ibuprofen 800 MG for inflammations/pain. The RFA is dated 05/20/15 and the patient is permanent and stationary. She has been taking this medication as early as 11/05/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has a limited cervical spine range of motion, paravertebral muscles, spasm, tenderness and right muscle band is noted on the right side and tenderness is noted at the paracervical muscles, trapezius and

supraspinatus. Regarding the lumbar spine, there is a limited range of motion, on palpation, paravertebral muscles, hypertonicity, tenderness and tight muscle band is noted on both sides. The shoulder has a limited range of motion, a positive Hawkins, a positive Neer test, a positive Speeds test, and on palpation, tenderness is noted in the acromioclavicular joint, trapezius, and supraspinatus. The left hand has a painful range of motion, tenderness is noted over the SI joint of the right hip, and both the Gaenslen's and FABER test are positive for the hip. She is diagnosed with shoulder pain, elbow pain, spinal/lumbar degenerative disc disease, and low back pain. On 05/20/15, the patient rated her pain as a 4.5 with medications and a 9/10 without medications. "No new problems or side effects. She states that medications are working well." MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. In this case, the patient is receiving benefit from Ibuprofen. Therefore, the request is medically necessary.