

Case Number:	CM15-0017479		
Date Assigned:	02/05/2015	Date of Injury:	10/10/2008
Decision Date:	04/02/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/29/2015

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:

This is a 55 year old with an industrial injury dated 10/10/2006. The mechanism of injury is documented as a fall injuring left knee, right elbow, right shoulder and low back. On 02/25/2004 there is also injury to low back, right elbow, shoulder, neck, hand and right wrist. The mechanism of injury is documented as "slammed by door." She presents on 12/31/2014 with neck and right shoulder pain. She states she has not been able to sleep well for 2 weeks due to sleep disturbed by increased muscle spasms in her back. She states medications are working well. Physical exam revealed normal gait without the use of assistive devices. Cervical spine range of motion was limited, right shoulder range of motion was restricted, right elbow joint was tender and there was tenderness over the sacro - iliac joint. Gaenslen's and FABER test were positive. The provider documents with medications the injured worker is able to perform household tasks including laundry, meal preparation and self-care approximately 30-45 minutes at a time. Without medications the injured worker is able to perform household tasks (as above) for approximately 10 minutes at a time. She denies any new adverse effects from medications and does not exhibit any adverse behavior to indicate addiction. Diagnoses were shoulder pain, elbow pain (right), spinal lumbar DDD, low back pain, spasm of muscle. Prior treatment includes arthroscopic surgeries of left knee, coccygeal injection, H wave, right shoulder injection and medications. On 01/24/2015 utilization review issued the following decision: The request for Soma 350 mg # 120 was non-certified. MTUS was cited. The request for Zanaflex 2 mg #30 was non-certified. MTUS and ODG were cited. The request for Norco 10/325 #180 was non-certified. MTUS was cited. The request for trazodone 50 mg # 60 was non-

certified. ODG was cited. The request for Ibuprofen 800 mg # 60 was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with continued complaints of neck and shoulder pain. The current request is for SOMA 350MG QTY: 120. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "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. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." MTUS Guidelines indicate that muscle relaxants such as Soma are appropriate for acute exacerbations of lower back pain and do not recommend its use for longer than 2 to 3 weeks. Given that this medication has been prescribed since at least 2/26/14, recommendation for further use cannot be supported. This request IS NOT medically necessary.

Zanaflex 2mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PaIn (Chronic).

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

Decision rationale: This patient presents with continued complaints of neck and shoulder pain. The current request is ZANAFLEX 2MG QTY 30. MTUS Guidelines page 66 allows Zanaflex (Tizanidine) for spasticity, but also for low back pain, myofascial pain, and fibromyalgia. Review of the medical file indicates the patient has been utilizing this medication since 8/13/14. Progress reports provide a before and after pain scale to denote a decrease in pain with taking medications including Zanaflex. Progress report dated 9/10/14 noted decrease in pain from 9.5/10 to 5/10 with medications. In this case, the patient is receiving adequate pain relief with utilizing Zanaflex and further use for the management of the patient's pain is within MTUS guidelines. This request IS medically necessary.

Norco 10/325mg quantity 180: Upheld

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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with continued complaints of neck and shoulder pain. The current request is NORCO 10/325MG 80. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been utilizing Norco since at least 2/26/14. Progress reports continually provide a before and after pain scale to denote a decrease in pain with using medications, but there are no specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Trazodone 50mg quantity 60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, Trazodone.

Decision rationale: This patient presents with continued complaints of neck and shoulder pain. The current request is TRAZODONE 50MG 60. The ODG Guidelines under the mental illness and stress chapter has the following regarding Trazodone, "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also insomnia treatment, where it says that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." According to progress report dated 8/13/14, the patient has trialed Trazodone which was "ineffective per pt." The patient has been prescribed Trazodone since 5/2/14. In this case, the patient indicates that Trazodone has been ineffective in the past, and there is no discussion regarding psychiatric symptoms such as depression or anxiety. ODG recommends the use of Trazodone in patients with sleep disturbances with coexisting psychiatric symptoms; hence, this request IS NOT medically necessary.

Ibuprofen 800mg quantity 60: Overturned

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

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

Decision rationale: This patient presents with continued complaints of neck and shoulder pain. The current request is IBUPROFEN 800MG 60. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 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 nonselective nonsteroidal anti-inflammatory drugs "NSAIDs " in chronic LBP and of antidepressants in chronic LBP." Review of the medical file indicates the patient has been utilizing ibuprofen since at least 2/26/14. In this case, the treating physician provides a before-and-after pain scale to denote a decrease in pain with current medications. In this case, the patient is receiving adequate pain relief with utilizing Ibuprofen and further use for the management of the patient's pain is within MTUS guidelines. This request IS medically necessary.