

Case Number:	CM15-0019121		
Date Assigned:	02/09/2015	Date of Injury:	06/09/2008
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 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 56-year-old female who reported injury on 06/09/2008. The documentation of 01/07/2015 revealed the physician was requesting 4 trigger point injections. The mechanism of injury was the injured worker was on top of a full dumpster to compress the garbage down and slipped and fell. The injured worker was noted to have trigger point injections in the right trapezius that were significantly helpful. The injured worker indicated that, with medications, she is able to bring her pain down on an average to 4/10 to 5/10, and without medications the pain is 9/10 to 10/10. The injured worker's medications allowed her to function in her activities of daily living such as self care and light household tasks. The injured worker was noted to have no aberrant drug behaviors and denied side effects. The injured worker's current medications included Norco 10/325 mg 1 every 4 hours to 6 hours as needed, maximum of 5 per day, ibuprofen, Gabapentin 400 mg 1 tablet 3 times a day, and Zanaflex 4 mg 1 tablet twice a day as needed. The objective findings revealed the injured worker was observed massaging her right shoulder with her left hand and appeared to be in no acute distress. The rest of the examination was noted to be unchanged. The diagnoses included right carpal tunnel syndrome at the wrist status postoperative fixation in 03/2010 and neck pain. The injured worker underwent a lumbar discectomy and spur removal in 2001. The injured worker was noted to have peripheral neuropathy. The treatment plan included ibuprofen and tizanidine as well as trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Motrin 800mg. BID #60 DOS 1/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had documentation of objective functional improvement and an objective decrease in pain. However, there was a lack of documentation indicating exceptional factors as the medication is recommended for short term use only. The injured worker was noted to be utilizing NSAIDs since at least 2009. Given the above, the request for Retrospective: Motrin 800mg. BID #60 DOS 1/7/2015 is not medically necessary.

Zanaflex 4mg, BID PRN, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 66.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2009. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations as the medication is recommended for short term use only. Given the above, the request for Zanaflex 4mg, BID PRN, #60 is not medically necessary.