

Case Number:	CM15-0133049		
Date Assigned:	07/21/2015	Date of Injury:	09/11/2000
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, Michigan
 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 52-year-old female, with a reported date of injury of 09/11/2000. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include neck pain, degeneration of cervical intervertebral disc, myalgia and myositis, failed neck surgery syndrome, brachial (cervical) neuritis, chronic pain syndrome, shoulder pain, and arthropathy of lumbar facet joint. Treatments and evaluation to date have included oral medications, cervical epidural steroid injection on 01/06/2015, ice, and heat. The diagnostic studies to date have included an x-ray of the cervical spine on 09/13/2013, which showed status post anterior cervical discectomy and fusion from C4-7 with good alignment and distraction, and no evidence of loosening of the hardware. According to the medical report dated 06/19/2015, the CT scan of the cervical spine on 10/24/2002 showed C5-6 fusion complete and C6-7 fusion incomplete; an MRI of the cervical spine on 04/08/2011 showed C2-3 right foraminal stenosis, C3-4 bulge, C7-T1 bulge, and C5-7 left stenosis; an MRI of the right shoulder on 08/14/2012 showed degenerative changes at the acromioclavicular joint with impingement on the musculotendinous junction of the supraspinatus; and a CT scan of the cervical spine on 06/13/2011 showed increased anterolisthesis of C2 relative to C3 and C3-C4 and solid bony fusion between C4 and C7. The medical report dated 06/19/2015 indicates that the injured worker's pain was slightly worse than the last office visit. The injured worker's chief complaint was neck pain, shoulder pain, and bilateral arm pain. Her pain score without medication was 8-10 out of 10, and with medication 3 out of 10. She reported that the benefit of the chronic pain medication maintenance regimen,

activity restriction, and rest continued to keep the pain within a manageable level to allow her to complete the necessary activities of daily living. The injured worker had an epidural scheduled on 06/29/2015. The injured worker was able to perform her activities of daily living with pain medication. The objective findings include severe pain to touch and with movement along the cervical spine, restricted flexion and extension at 20%, rotation to the right was 50% restricted, rotation to the left was 40% restricted, positive Spurling's, limited right upper extremity range of motion due to a rotator cuff tear, restricted right arm forward, restricted right arm lateral abduction, and dysesthesia and hypoesthesia down the bilateral arms to fingertips. It was noted that the injured worker had already decreased her Norco. The treatment plan included the refilling of the injured worker's medications. There was no documentation of the injured worker's work status or disability status. The injured worker's pain rating on 05/22/2015 was 8-10 out of 10 without medication and 3 out of 10 with medication. The treating physician requested Norco 10/325mg #120 and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 01/09/2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation did not include these items as recommended by the guidelines. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.

Zanaflex 4mg #60: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The injured worker has been using Zanaflex since at least 01/09/2015. The guidelines state that one study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome with the use of Zanaflex (Tizanidine). The authors recommended its use as a first line option to treat myofascial pain. However, there is no documentation of pain or functional improvement in the injured worker with the use of Zanaflex as required by the guidelines. The request does not meet guideline recommendation. Therefore, the request for Zanaflex is not medically necessary.