

Case Number:	CM15-0147016		
Date Assigned:	08/07/2015	Date of Injury:	11/03/2008
Decision Date:	09/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 (IW) is a 54-year-old female who sustained an industrial injury on 11-03-2008. Diagnoses include pain, shoulder joint; shoulder region disorder not elsewhere classified (NEC); cervical radiculopathy; and encounter long-term medication use NEC. Treatment to date has included medications, cervical collar, occupational and physical therapy, cervical fusion and home exercise. According to the progress notes dated 6-16-2015, the IW reported neck pain and shoulder pain. She rated her pain 7 out of 10 with medications and 8 out of 10 without them. The IW was six weeks post-op from neck surgery. On examination, the head, the cervical spine and right shoulder were tender to palpation. Range of motion was reduced and painful. Motor strength in the right upper extremity was normal. Reflexes were intact. A request was made for Norco 10/325mg, #80 and Zanaflex 4mg, #30 with 1 refill (per 6-16-2015 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80 (Rx 06/16/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79, 81.

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 presents on 06/16/15 with neck and shoulder pain rated 7/10 with medication, 8/10 without medications. The patient's date of injury is 11/03/08. Patient is status post complete C5-C6 laminectomy, partial C4-C7 laminectomy, posterior fusion from C5-C6 using DBM and local bone, intervertebral facet fusion using deep track cage at C5-C6, C6-C7 posterior foraminotomy on 04/28/15. The request is for NORCO 10/325MG #80 (RX 6/16/15). The RFA is dated 06/16/15. Physical examination dated 06/16/15 reveals tenderness to palpation of the cervical spine, with a surgical incision noted on the posterior aspect, markedly painful facet joints with trigger points noted, and spasms noted to the trapezius, parascapular muscles, and levator scapulae muscles. The patient is currently prescribed Prozac, Zanaflex, Norco, and Gabapentin. Diagnostic imaging included cervical X-rays with AP and Lateral views, dated 07/20/15; significant findings include "No acute fracture of subluxation. There has been prior laminectomy at C5 and C6, with placement of facets spacers at this level... mild multilevel degenerative changes at C4-C5 and C5-C6 with osteophytes and endplate degenerative changes." Patient is currently classified as permanently disabled. 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. In regard to the continuation of Norco for this patient's post-surgical neck pain, the request is appropriate. Progress note dated 06/16/15 indicates that this patient is 6 weeks status post multilevel cervical fusion and laminectomy. Addressing analgesia, the provider notes that this patient's cervical pain is 7/10 with medications, 8/10 without medications. While this would not generally be considered adequate analgesia, this patient recently discontinued Percocet, which was given by the surgeon for acute post-operative pain. The provider also addresses functional improvements, stating that the Norco allows this patient to cook, do laundry, garden, shop, bathe, drive, and perform other self-care activities. Several toxicology reports confirming medication consistency were provided, and the provider specifically states that this patient does not display any aberrant behaviors. Additionally, utilization review approved this medication as appropriate given this patient's post-surgical presentation, however apparently made an error in the approved quantity, reducing it from 80 tablets to 70 tablets without providing a rationale for doing so. Given this patient's presentation and the documentation of analgesia, activity-specific functional improvements, consistent urine drug screening, and a lack of aberrant behavior - the original request as written is substantiated. The request is medically necessary.

Zanaflex 4mg #30 with 1 refill (Rx 6/16/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents on 06/16/15 with neck and shoulder pain rated 7/10 with medication, 8/10 without medications. The patient's date of injury is 11/03/08. Patient is status post complete C5-C6 laminectomy, partial C4-C7 laminectomy, posterior fusion from C5-C6 using DBM and local bone, intervertebral facet fusion using deep track cage at C5-C6, C6-C7 posterior foraminotomy on 04/28/15. The request is for ZANAFLEX 4MG #30 WITH 1 REFILL (RX 6/16/15). The RFA is dated 06/16/15. Physical examination dated 06/16/15 reveals tenderness to palpation of the cervical spine, with a surgical incision noted on the posterior aspect, markedly painful facet joints with trigger points noted, and spasms noted to the trapezius, parascapular muscles, and levator scapulae muscles. The patient is currently prescribed Prozac, Zanaflex, Norco, and Gabapentin. Diagnostic imaging included cervical X-rays with AP and Lateral views, dated 07/20/15; significant findings include "No acute fracture of subluxation. There has been prior laminectomy at C5 and C6, with placement of facets spacers at this level... mild multilevel degenerative changes at C4-C5 and C5-C6 with osteophytes and endplate degenerative changes." Patient is currently classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66 states the following regarding Tizanidine: "Tizanidine 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." MTUS pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Zanaflex, the request is appropriate. This patient has been taking this medication since at least 05/18/15. Addressing efficacy, progress note dated 06/16/15 notes a reduction in pain from 8/10 to 7/10 attributed to this patient's medications, though does not specifically address which medication relieves which symptoms. This patient is currently 6 weeks status post cervical laminectomy and fusion at multiple levels and presents with significant spasms and pain the cervical spine. Utilization review non-certified this medication on grounds that spasms were not evident in the physical findings, however the provider does note spasms and tightness in the musculature throughout the cervical spine, upper back, and shoulders. The MTUS guidelines support the usage of Tizanidine for the treatment of myofascial pain. Given the patient's post- surgical presentation, continued myofascial pain/spasms, and documentation of medication efficacy, continuation of Zanaflex is substantiated. The request IS medically necessary.