

Case Number:	CM15-0149018		
Date Assigned:	08/12/2015	Date of Injury:	01/01/1997
Decision Date:	09/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Emergency 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 62-year-old female who sustained an industrial injury on 1-1-97. The injured worker was diagnosed as having chronic pain, cervical radiculitis, lumbar radiculitis, and irritable bowel syndrome and status post-right foot reconstructive surgery with residuals. Currently, the injured worker reported pain in the neck, back, upper and lower extremities. Previous treatments included oral pain medication, therapy, transcutaneous electrical nerve stimulation unit, home exercise program, oral muscle relaxant and oral non-steroidal anti-inflammatory drugs. Previous diagnostic studies included a magnetic resonance imaging. Work status was noted as not currently working. The injured workers pain level was noted as 5-6 out of 10 with the use of medication and 9-10 out of 10 without the use of medication. Physical examination was notable for tenderness to the cervical spine at C6-7 with limited cervical range of motion due to pain at the cervical spine and lumbar spine, positive let radicular pain upon lumbar examination, right foot with decreased sensation to light touch. The plan of care was for hydrocodone acetaminophen 10-325 milligrams quantity of 100, tizanidine 4 milligrams quantity of 90 and fenoprofen 400 milligrams quantity of 60

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg quantity 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Hydrocodone Acetaminophen 10/325mg quantity 100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the neck, back, upper and lower extremities. Previous treatments included oral pain medication, therapy, transcutaneous electrical nerve stimulation unit, home exercise program, oral muscle relaxant and oral non-steroidal anti-inflammatory drugs. Previous diagnostic studies included a magnetic resonance imaging. Work status was noted as not currently working. The injured workers pain level was noted as 5-6 out of 10 with the use of medication and 9-10 out of 10 without the use of medication. Physical examination was notable for tenderness to the cervical spine at C6-7 with limited cervical range of motion due to pain at the cervical spine and lumbar spine, positive let radicular pain upon lumbar examination, right foot with decreased sensation to light touch. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone Acetaminophen 10/325mg quantity 100 is not medically necessary.

Tizanidine 4mg quantity 90: Upheld

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

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

Decision rationale: The requested Tizanidine 4mg quantity 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the neck, back, upper and lower extremities. Previous treatments included oral pain medication, therapy, transcutaneous electrical nerve stimulation unit, home exercise program, oral muscle relaxant and oral non-steroidal anti-inflammatory drugs. Previous diagnostic studies included a magnetic resonance imaging. Work status was noted as not currently working. The injured workers pain level was noted as 5-6 out of 10 with the use of medication and 9-10 out of 10 without the use of medication. Physical examination was notable for tenderness to the cervical spine at C6-7 with limited cervical range of motion due to pain at the cervical spine and lumbar spine, positive let

radicular pain upon lumbar examination, right foot with decreased sensation to light touch. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg quantity 90 is not medically necessary.

Fenoprofen 400mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The requested Fenoprofen 400mg quantity 60, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has pain in the neck, back, upper and lower extremities. Previous treatments included oral pain medication, therapy, transcutaneous electrical nerve stimulation unit, home exercise program, oral muscle relaxant and oral non-steroidal anti-inflammatory drugs. Previous diagnostic studies included a magnetic resonance imaging. Work status was noted as not currently working. The injured workers pain level was noted as 5-6 out of 10 with the use of medication and 9-10 out of 10 without the use of medication. Physical examination was notable for tenderness to the cervical spine at C6-7 with limited cervical range of motion due to pain at the cervical spine and lumbar spine, positive let radicular pain upon lumbar examination, right foot with decreased sensation to light touch. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Fenoprofen 400mg quantity 60 is not medically necessary.