

Case Number:	CM15-0149388		
Date Assigned:	08/14/2015	Date of Injury:	10/22/1991
Decision Date:	09/11/2015	UR Denial Date:	07/23/2015
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: 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 76-year-old male, who sustained an industrial injury on 10-22-91. The injured worker was diagnosed as having right shoulder periscapular strain or bursitis with increased symptoms compensatory for neck treatment. Treatment to date has included chiropractic treatment, acupuncture, physical therapy, TENS, a home exercise program, and medication. Physical examination findings on 7-17-15 included right shoulder tenderness to palpation over the supraspinatus tendon, acromioclavicular joint, and subacromial region. Impingement and cross arm tests were positive. Range of motion of the right shoulder was decreased with increased pain in all planes. The injured worker had been taking Norco since at least 2-27-15. On 6-29-15 and 7-17-15, pain was rated as 3-4 of 10 with medication and 5-6 of 10 without medication. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for Norco 5-325mg #60-#120 and Zanaflex 2mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60/#120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case there is objective documentation of functional improvement and significant decreases in pain with the use of Norco and the injured worker is closely followed by the primary physician. Although Norco is appropriate in this case, the injured worker has a follow-up with the primary provider in 4 weeks. The continued use of Norco should be re-evaluated at that time; therefore, the request for 120 Norco is not appropriate. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #60/#120 is determined to not be medically necessary.

Zanaflex 2mg #120: Upheld

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) Section Page(s): 63-66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. In this case, the injured worker has taken this medication in a chronic nature for an extended period of time, which is not supported by the cited guidelines. The request for Zanaflex 2mg #120 is determined to not be medically necessary.