

Case Number:	CM15-0180920		
Date Assigned:	09/22/2015	Date of Injury:	01/20/2012
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Connecticut, California, Virginia
 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 39 year old male, who sustained an industrial injury on 1-20-12. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) right upper extremity; chronic neck pain; chronic low back pain with disc protrusion. Treatment to date has included physical therapy; status post right shoulder surgery (5-15-13); status post right shoulder revision (4-6-15); cognitive psychotherapy; medications. Diagnostics studies included MRI cervical spine-negative (10-15-12). Currently, the PR-2 notes dated 8-5-15 are titled "Medical Legal Report by PTP" and indicated the injured worker has chronic neck pain and per the provider, documents, "MRI of the cervical spine from 10-15-12 was negative. Status post right shoulder surgery on 5-15-13, MR arthrogram 8-19-13 showed intact rotator cuff, prior anterior superior labrum repair, findings suspicious for a tear of the superior labrum. A right shoulder surgical revision on 4-6-15 with same surgeon. Chronic regional pain syndrome on the right upper extremity following his second right shoulder surgery." The provider also notes chronic low back pain with documentation of a lumbar MRI from "10-4-12 showed dehydrated L5-S1 disc with tiny dorsal disk protrusion and a subtle annulus fissure. MRI of his lumbar spine from 10-7-14 showed an annular tear at L5-S1 and a small posterior disk protrusion. An EMG of the right upper extremity from 2-11-13 was within normal limits." The provider documents "Most recent exam findings: ongoing tenderness to cervical paraspinal muscles extending to the right trapezius with hypersensitivity and decreased range of motion on the right upper extremity. Ongoing tenderness to lumbar paraspinal muscles." The provider reviews the denials for medications. PR-2 notes dated 7-7-15 indicates the injured worker returns and now three months

status post right shoulder arthroscopy, posterior stabilization, SLAP repair, and debridement. The provider documents "he has clear RDS at this point. He has swelling at the hand, color changes, and temperature changes in the hand. We have tried conservative management and it is not working. We are going to try cortisone shot which helped the pain somewhat, but has not really improved the situation. At this point, we need help from his primary care physician to get a referral for another physician to do a stellate ganglion block. He reacted poorly to the Neurontin we have tried in the past. The Lyrica did not make any effect. At this point we are out of options and we need help to get this person treated correctly. He also needs physical therapy to continue as he will only backslide." Regarding the medication's Norco and Zanaflex, a PR-2 notes dated 4-21-15 indicated the injured worker is a status post right shoulder repair of 4-6-15. The provider documents "His right arm is in a sling and he is recuperating from that surgery. He is having significant shoulder pain, but continues to do well on the 8 Norco a day. Pain level without Norco currently are 10 out of 10; with Norco 6 out of 10." The provider's treatment plan included a month's supply of "Norco 10-325mg #240, Zanaflex 4mg #120, Ambien 10mg #30, Lexapro 10mg #30, Lyrica and Prilosec and he should continue at the pharmacy." PR-2 notes indicate the same type of prescriptions used in 2014 with suggestion of weaning Norco in 12-2014. A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 8-14-15 and non-certification was for Norco 10/325mg #240 with 1 refill and Zanaflex 4mg #120 with 1 refill. A request for authorization has been received for Norco 10/325mg #240 with 1 refill and Zanaflex 4mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Appropriate weaning is indicated. Given the lack of clear evidence to support functional

improvement on the medication and the chronic risk of continued treatment, the request for Norco is not medically necessary, particularly in the quantity requested.

Zanaflex 4mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends 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. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the request is not medically necessary and appropriate.