MAXIMUS Federal Services

Case Number:	CM15-0185803		
Date Assigned:	09/28/2015	Date of Injury:	07/18/2007
Decision Date:	11/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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 51 year old female, who sustained an industrial injury on July 18, 2007. She reported neck pain, bilateral shoulder pain, bilateral wrist pain and left knee pain on a March 5, 2015 PR-2. The injured worker was diagnosed as having chronic myofascial sprain and strain of the cervical spine with degenerative disc disease, bursitis and capsulitis of the shoulder, bilateral status post arthroscopic surgery for rotator cuff tear in bilateral shoulders, bilateral wrist pain, status post bilateral carpal tunnel release and bursitis of the left knee status post arthroscopic surgery for meniscal tear. Treatment to date has included diagnostic studies, surgical interventions, H-wave devise, ice and heat and medications. Evaluation on April 23, 2015, revealed continued neck pain, bilateral shoulder pain, bilateral wrist pain and left knee pain. She rated her pain at 6 with medications and 9 without medications on a 1-10 scale with 10 being the worst. Medications including Zanaflex, Norco, Ibuprofen and Neurontin were continued. Evaluation on July 6, 2015, revealed neck pain, bilateral shoulder pain, bilateral wrist pain and left knee pain. She rated her pain with medications at 6 and without medications at 10 on a 1-10 scale with 10 being the worst. She noted the pain was better with constant movement, rest, exercise, medication and the H-wave devise. Evaluation on August 3, 2015, revealed pain in the neck, bilateral shoulders, bilateral wrists and left knee. She rated her pain at 6 on a 1-10 scale with 10 being the worst with the use of medications and at 9 without medications. She noted the pain was worse with repetitive motion and improved with medication, warm water baths and H-wave therapy. Medications at the time of the assessment included Norco, Ibuprofen, Zanaflex, Neurontin and Prilosec. Her status was noted as permanent and stationary and it was noted she

would be returning to work in 4 weeks from August 3, 2015. The RFA included requests for Ibuprofen 800mg, #100 with 2 refills, Neurontin 600mg, #90 with 2 refills, Zanaflex 4mg, #30 with 2 refills and Norco 10/325mg, #60 and was non-certified on the utilization review (UR) on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Ibuprofen 800mg, #100 with 2 refills is not medically necessary.

Norco 10/325mg, #60: Overturned

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 for chronic pain.

Decision rationale: Guidelines state that Norco is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Norco as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. The patient reported significant functional improvement and relief from pain with the continued use of this medication. I am reversing the previous utilization review decision. Norco 10/325mg, #60 is medically necessary.

Neurontin 600mg, #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Physicians' Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement. I am reversing the previous utilization review decision. Neurontin 600mg, #90 with 2 refills is medically necessary.

Zanaflex 4mg, #30 with 2 refills: 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 Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Zanaflex. The patient has been taking Zanaflex for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Zanaflex 4mg, #30 with 2 refills is not medically necessary.