

Case Number:	CM15-0200212		
Date Assigned:	10/15/2015	Date of Injury:	11/29/2012
Decision Date:	12/02/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of November 29, 2012. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for Norco and Zanaflex. The claims administrator referenced a September 2, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated September 2, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of shoulder pain, 8-9/10. The note was very difficult to follow, not entirely legible, and comprised, in large part, of pre-printed checkboxes. Highly variable 7-9/10 neck and shoulder pain complaints were reported. The applicant was placed off of work, on total temporary disability. The attending provider stated toward the bottom of the note that the applicant's pain medications were attenuating the applicant's pain complaints from 8-9/10 without medications to 6/10 with medications and suggested, through pre-printed checkboxes, the applicant's ability to bathe, dress, and perform self-care had all been ameliorated as a result of ongoing medication consumption. Norco and Zanaflex were seemingly renewed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation 5th edition 2007 or current year.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability on September 2, 2015 while the treating provider did outline a low-grade reduction in pain scores from 8-9/10 without medications to 6/10 with medications in one section of the note, this report was, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to perform dressing, self-care, and bathing in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of a meaningful or substantive improvement in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Zanaflex 2mg Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Zanaflex (tizanidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, here, however, the handwritten September 2, 2015 office visit stated that the applicant's pain generators included the neck and shoulder. There was no specific mention of the applicant's having low back pain complaints on or around the date in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, the treating provider reported on September 2, 2015. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

