

Case Number:	CM15-0224826		
Date Assigned:	11/23/2015	Date of Injury:	09/05/2001
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female injured worker suffered an industrial injury on 9-5-2001. The diagnoses included persistent neck pain, left upper extremity pain and cervical disc degeneration. On 6-10-2015 the provider noted the injured worker was working fulltime and the Norco allowed adequate pain control to be able to work. The provider noted this was the highest form of functional improvement. On 8-20-2015 the provider reported the medication bring the pain level down from 8 out of 10 to 2 out of 10 an allowed her to continue to work full time. On 10-15-2015 the provider reported ongoing shoulder, neck and hip pain with the pain levels rated 7 out of 10 without medication and 3 out of 10 with medication. She received a Kenalog injection to the left shoulder pain. Medications in use were Norco, Neurontin and Zanaflex. Diagnostics included urine drug screen 8-5-2014 that was consistent. CURES report 6-9-2015 was consistent with a pain contract on file and the provider noted no evidence of aberrant drug behavior. Norco and Zanaflex had been in use since at least 1-2015. The medical record did not include evidence of muscle spasms. Request for Authorization date was 10-22-2015. Utilization Review on 11- 6-2015 determined non-certification for Norco 10-325 MG 8-Day Do Not Fill Until 11-14-15 and Zanaflex 4 MG at Bedtime Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG 8/Day Do Not Fill Until 11/14/15: Upheld

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

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

Decision rationale: This 50 year old female has complained of neck pain and shoulder pain since date of injury 9/5/2011. She has been treated with steroid injection, physical therapy and medications to include opioids since at least 01/2015. The current request is for Norco 10/325 MG 8/Day Do Not Fill Until 11/14/15. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Norco 10/325 MG 8/Day Do Not Fill Until 11/14/15 is not medically necessary.

Zanaflex 4 MG at Bedtime Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This 50 year old female has complained of neck pain and shoulder pain since date of injury 9/5/2011. She has been treated with steroid injection, physical therapy and medications to include Zanaflex since at least 01/2015. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.