

Case Number:	CM15-0038478		
Date Assigned:	03/09/2015	Date of Injury:	11/11/2008
Decision Date:	05/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 67-year-old male who reported an injury on 11/11/2008. His mechanism of injury was not included. His diagnoses included lumbar spondylosis, right hip pain, right knee pain, and DJD of multiple joints. His past treatments have included home exercise program, heat and ice, medication, and activity modification. Diagnostic studies have included an MRI to the right knee on 01/20/2009 and x-ray to the eye orbit on 01/20/2009. The injured worker's surgical history included a rotator cuff arthroscopy, subacromial decompression with acromioplasty, and rotator cuff repair to the right shoulder on 10/27/2014; an intertrochanteric fracture of the right hip repair on 11/12/2008; right knee arthroscopy, chondroplasty of patellofemoral joint, lateral release, chondroplasty, tibial plateau, and lateral meniscal debridement on 04/02/2014. The injured worker had complaints of pain in his shoulders that he rated at 8/10 without his medications and 2/10 with his medications. He described the pain as aching bilaterally. On physical exam, the injured worker was noted to have diffuse tenderness to palpation in the bilateral shoulders, right more than left, especially on the anterior portion. Range of motion was measured in flexion at 170 degrees, abduction at 165 degrees with pain and accessory movement, external rotation at 35 degrees, horizontal adduction within full limit, and internal rotation of the hand to L2. His medications were noted to include Norco 10/325 mg, Lidoderm patch 5%, and Zanaflex 4 mg. His treatment plan included refill of medication; follow-up with surgeon. The rationale for the request was reduction of patient's pain and improving function and acute muscle spasms. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding urine drug screen result or result of review of CURES report. The request does not include any dosing information. The request for Norco 10/325 mg #180 is not medically necessary.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Zanaflex 4 mg #60 is not medically necessary. The injured worker is reported to have acute muscle spasms. The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy of this medication. The request does not include dosing information. The request for Zanaflex 4 mg #60 is not medically necessary.