

Case Number:	CM15-0049730		
Date Assigned:	03/23/2015	Date of Injury:	01/13/2010
Decision Date:	07/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: California
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 01/13/2010. She has reported injury to the neck, left knee, and low back. The diagnoses have included neck pain, status post cervical fusion in 03/2012; thoracic spine pain; lumbar pain; left knee pain, status post anterior cruciate ligament and meniscal repair on 10/20/2011, and status post partial hardware removal on 09/15/2014; and depression and anxiety. Treatment to date has included medications, diagnostics, chiropractic therapy, home exercises, and surgical intervention. Medications have included Norco, Tramadol, Zanaflex, Relafen, Flexeril, and Cymbalta. A progress note from the treating physician, dated 01/13/2015, documented a follow-up visit with the injured worker. The injured worker reported chronic neck pain; upper extremity pain; Tramadol helps her to be a little more functional, and has been bringing her pain from an 8/10 to a 6/10 on the visual analog scale; the average pain is rated at 7/10; the pain gets as high as 8/10, and comes down to 6/10 at best with medications; Relafen continues to help with inflammation and pain; Cymbalta helps with the nerve pain; Zanaflex helps with muscle pain at night because it helps her go to sleep; and Baclofen helps on an as needed basis for flare-ups and muscle spasm. Objective findings included limited range of motion of the cervical spine with increased pain at end range; and she continues to have significant tenderness to palpation of the cervical spine paraspinal muscles, as well as the upper trapezius muscles. The treatment plan has included the request for Norco 10/325mg, #120 (date of service: 01/13/2015); and Zanaflex 4mg, #60 (date of service: 01/13/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120 (DOS 01/13/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg, #120 (DOS 01/13/2015), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic neck pain; upper extremity pain; Tramadol helps her to be a little more functional, and has been bringing her pain from an 8/10 to a 6/10 on the visual analog scale; the average pain is rated at 7/10; the pain gets as high as 8/10, and comes down to 6/10 at best with medications; Relafen continues to help with inflammation and pain; Cymbalta helps with the nerve pain; Zanaflex helps with muscle pain at night because it helps her go to sleep; and Baclofen helps on an as needed basis for flare-ups and muscle spasm. Objective findings included limited range of motion of the cervical spine with increased pain at end range; and she continues to have significant tenderness to palpation of the cervical spine paraspinal muscles, as well as the upper trapezius muscles. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #120 (DOS 01/13/2015) is not medically necessary.

Zanaflex 4mg, #60 (DOS 01/13/2015): Upheld

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

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

Decision rationale: The requested Zanaflex 4mg, #60 (DOS 01/13/2015), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic neck pain; upper extremity pain; Tramadol helps her to be a little more functional, and has been bringing her pain from an 8/10 to a 6/10 on the visual analog scale; the average pain is rated at 7/10; the pain gets as high as 8/10, and comes down to 6/10 at best with medications; Relafen

continues to help with inflammation and pain; Cymbalta helps with the nerve pain; Zanaflex helps with muscle pain at night because it helps her go to sleep; and Baclofen helps on an as needed basis for flare-ups and muscle spasm. Objective findings included limited range of motion of the cervical spine with increased pain at end range; and she continues to have significant tenderness to palpation of the cervical spine paraspinal muscles, as well as the upper trapezius muscles. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg, #60 (DOS 01/13/2015) is not medically necessary.