

Case Number:	CM14-0124223		
Date Assigned:	08/08/2014	Date of Injury:	07/10/2013
Decision Date:	10/14/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63-year-old male who has submitted a claim for Brachial neuritis or radiculitis; cervical spondylosis without myelopathy; cervicgia; degeneration of cervical intervertebral disc; displacement of cervical intervertebral disc without myelopathy; displacement of thoracolumbar intervertebral disc without myelopathy; lumbar sprain and strain; neck sprain and strain; rotator cuff syndrome; spinal stenosis in cervical region; and, sprain and strain, unspecified site, shoulder and upper arm, associated with an industrial injury date of 07/10/13. Medical records from January to June 2014 were reviewed. Mechanism of initial injury was not noted in the submitted records. No relevant imaging results were included in the records. 06/27/14 progress report states that patient noted continued low back pain radiating to the knee. The cervical pain persists, radiating to the left upper extremity and elbow. Patient likewise had left shoulder pain described as "popping". The pain was noted to be graded 8/10 without medications and 4/10 with medications. The duration of pain relief was noted to be around four to six hours. On physical examination, ROMs of the cervical and lumbar spine were restricted. There was likewise tenderness in the cervical region at the paraspinal and trapezius area, and at the lumbar region at the paraspinal area with noted lumbar spasms. Plan was to continue home exercise, chiropractic therapy, interferential unit, pain management consultation, medications, and modified duty. Patient was fit to return to work with restrictions. Treatment to date has included conservative management, chiropractic therapy, acupuncture, home exercises and medications (Norco and Prilosec since 01/09/14, Robaxen and Relafen since 04/03/12 to at least 05/06/12 and Zanaflex since at least 05/06/14). Utilization review date of 07/08/14 denied the requests for Interferential unit because there was no documentation of treatment failure of medication therapy, Norco because there was absence of documentation of functional

improvement, a pain contract and a urine drug screen, and Zanaflex because the provided documentations did not identify significant functional benefit with the use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: As stated on pages 118-120 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential current stimulation is not supported as an effective treatment option. Available randomized trials evaluating its effectiveness as a treatment were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues; hence, there are no available standardized protocols for its use. However, patient selection criteria for appropriate cases include pain that is ineffectively controlled due to diminished effectiveness of medications or due to side effects, history of substance abuse, significant post-operative pain or is unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, it was not indicated in the submitted records if there was prior use or a 1 month trial of an interferential unit. There was no evidence of diminished medication effectiveness; in fact, there was noted reduction in the pain severity from 8/10 to 4/10 with use of the medications. There was no note of substance abuse or untoward side effects associated with its use. Guideline criterion for unresponsiveness to conservative measures was not met. Also, no mention of the specific area, frequency and duration of use were indicated in the request. Therefore, the request for an Interferential unit is not medically necessary.

Norco 2.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled

drugs. Opioids may be continued if there is return to work and improved functioning and pain". In this case, the earliest cited progress note stating the use of Hydrocodone was January 2014. Patient reported decreased pain severity from 8/10 to 4/10 with medication use. He likewise reported improved functional levels specifically when performing his ADLs and patient was able to return to work. Neither was there evidence of possible aberrant drug behaviors nor were there any co-morbidities or unusual psychosocial findings to necessitate discontinuation of the medication. Patient understood the risks of continuing opioid medication. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 2.5/325mg #60 Refills 0 is medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity with unlabeled use for low back pain. It is recommended as a first line option to treat myofascial pain and fibromyalgia. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness and hepatotoxicity and as such, LFTs should be monitored at baseline, 1, 3, and 6 months. Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the earliest record of Zanaflex use was 05/06/12. Although there was note of lumbar spasms on patient's physical examination, long-term use of muscle relaxant is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Zanaflex 4mg #60 is not medically necessary.