

Case Number:	CM14-0141913		
Date Assigned:	09/10/2014	Date of Injury:	07/29/2002
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 62 year old female with an injury date of 07/29/02. The 07/24/14 progress report by [REDACTED] states that the patient presents with pain and discomfort in the right upper extremity. Pain is rated 8-9/10. The treater notes the patient is no longer working. Examination reveals a well healed cervical scar noted posteriorly. The right upper extremity is noted to be swollen and discolored in the area of the wrist, hand, fingers, and distal forearm along with significant swelling in the fingers of her right hand. The patient's hand is constantly in a clawed position and she has difficulty making a fist. Positive allodynia and positive hyperalgesia. There is limited range of motion of the left shoulder. The patient's diagnoses includes right upper extremity complex regional pain syndrome, left upper extremity overuse syndrome, right upper extremity pain, right wrist pain, depression secondary to chronic pain, gi dyspepsia secondary to chronic use of opiates, and dental degeneration due to chronic use of oral opiates. Current medications are listed as ibuprofen, Celebrex, Tizanidine, Zanaflex, Kepra, Cimetidine, Colace and Norco. The utilization review being challenged is dated 08/01/14. Reports from 05/12/08 to 07/24/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The patient presents with Pain and discomfort of the right upper extremity in addition to swelling and discoloration of the right upper extremity in the wrist, hand, fingers and distal forearm. Pain is rated 8-9/10. Reports provided show the patient has been using this medication since 11/13/13. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The treating physician notes on 07/24/14 that the patient sleeps better with the use of Tizanidine (Zanaflex) and that the patient remains dependent on a variety of medications including Zanaflex. The efficacy and use of this medication has been documented. Therefore, the request for Tizanidine 4 mg is medically necessary and appropriate.

Norco 10/325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 07/24/14 report states the patient's constant pain improves for a few hours at a time with medication and while on Norco she was able to use her right arm to wash and brush her hair, she was able to garden, scrub her body and even clean her backside after using the toilet. Now she is avoiding using the right arm altogether. A trial of an intrathecal pump failed due to the patient's violent emesis. The treating physician further notes the patient has been previously diagnosed with Complex Regional Pain Syndrome in the right upper extremity and has failed long-term benefits from conservative treatments such as stellate ganglion blocks, cervical epidural steroid injections, and physical therapy. The patient has a spinal cord stimulator, which allowed her to return to work, and she had IV lidocaine treatment, which provided 70% improvement for 24-36 hours. Both the treating physician and patient feel pain is better controlled with oral medications. The reports provided show that the patient's pain was noted to be 6/10 on 11/11/13 and 8-9/10 on 07/24/14. Medical records indicate that the patient's symptoms are gradually worse despite opiate treatment but the treater provides functional improvement with use of Norco. Given that all other treatments have failed in this patient who suffers from intractable CRPS, on-going use of opiates would appear reasonable and supported by MTUS. Therefore, the request for Norco 10/325 mg is medically necessary and appropriate.

