

Case Number:	CM14-0155519		
Date Assigned:	09/25/2014	Date of Injury:	06/26/2009
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 30-year-old male who reported an injury on 06/29/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included neck pain, chronic thoracic pain, chronic low back pain, and right wrist pain. The previous treatments included medication. The diagnostic testing included an MRI dated 07/18/2012 and an EMG/NCV. Within the clinical note dated 08/26/2014, it was reported the injured worker complained of persistent pain. Upon the physical examination, the provider noted diminished range of motion of the neck and low back. He had palpatory tenderness with myofascial pain in the lumbar paraspinal muscles and cervical paraspinal muscles. The medication regimen included MS-Contin, Percocet, Zanaflex, Zantac, Colace, and Lexapro. The provider recommended the injured worker be referred for a second opinion spine surgical consult. The provider requested Zanaflex, MS-Contin, Colace, and Percocet. However, a rationale was not submitted for clinical review. The Request for Authorization is submitted and dated on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #180 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): page(s) 63, 64..

Decision rationale: The request for Zanaflex 4 mg #180 with 5 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time since at least 05/2013, which exceeds the guidelines' recommendations of short term use of 2 to 3 weeks. Therefore, the request for Zanaflex is not medically necessary.

MS Contin 30mg #90 5 Refills: Upheld

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

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

Decision rationale: The request for MS-Contin 30 mg #90 with 5 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 05/2013. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request for MS Contin is not medically necessary.

Colace 100mg #200 5 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's opioid medication has not been authorized, the request for Colace is also not medically necessary.

Percocet 10/325mg #90 5 Refills: Upheld

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

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

Decision rationale: The request for Percocet 10/325, #90 with 5 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 05/2013. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request for Percocet is not medically necessary.