

<b>Case Number:</b>	CM14-0084071		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/18/1994
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Practice, and is licensed to practice in Texas, Ohio, and Florida. 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 52-year-old female who reported an injury on 07/18/1994 due to an unknown mechanism. Diagnoses were degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, chronic pain syndrome, knee pain, degeneration of lumbar intervertebral disc, and shoulder joint pain. Past treatment has been medications. Surgical history included knee surgery, shoulder surgery, and ankle surgery. Physical examination dated 09/17/2014 revealed complaints of worsening pain due to not being able to get her medications. The pain was reported to be a 10/10 without /medications, with medications it was reported to be a 7/10. It was reported that activities of daily living were improved with medication. It was also reported that the injured worker was not working. There were reports of weakness, swelling, and catching and locking of her knee. There were complaints of pain that radiated bilaterally into the upper extremities. There were complaints of right shoulder swelling with redness and warmth. Examination of the cervical spine revealed crepitus with range of motion, and pain was elicited with the motion. There was tenderness of the paracervicals, the trapezius, and rhomboid. The injured worker had a decrease in sensation at the C5-6 level. Medications were Fentanyl 50 mcg/hour, Gabapentin 300 mg capsules 1 three times a day, Lidoderm 5% patch, Norco 10 mg/325 mg 1 every 6 hours, Tizanidine 4 mg 1 every 6 hours as need, Trazodone 15 mg 1 tablet twice a day, and Wal-Zan 75 mg tablets. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #120 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Ongoing Management Page(s): 78.

**Decision rationale:** The decision for Zanaflex 4mg #120 with 5 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and treatment of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improved quality of life. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Objective functional improvement was not reported for the injured worker. The 4 A's for ongoing management of an opioid medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Norco 10/325 #120 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Ongoing Management Page(s): 78.

**Decision rationale:** The decision for Norco 10/325 #120 with one refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and treatment of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of functional, or improved quality of life. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Objective functional improvement was not reported for the injured worker. The 4 A's for ongoing management of an opioid medication was not reported.

The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Fentanyl 50mcg/hr transdermal patch #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Ongoing Management Page(s): 78.

**Decision rationale:** The decision for Fentanyl 50mcg/hr transdermal patch #10 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and treatment of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of functional, or improved quality of life. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Objective functional improvement was not reported for the injured worker. The 4 A's for ongoing management of an opioid medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.