

Case Number:	CM14-0095111		
Date Assigned:	09/22/2014	Date of Injury:	11/30/2000
Decision Date:	10/21/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 Pain Management, 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 injured worker is a 49 year old male who sustained injuries on November 30, 2000. The injured worker who is already permanent and stationary is being seen periodically by the treating physician for evaluation and treatment. On February 13, 2014, the injured worker reported a decrease in his pain level. His medication regimen included ibuprofen twice daily, baclofen twice a day, docusate sodium twice daily, Senokot once to twice at bedtime, and application of Voltaren gel twice to three times a day, and the Duragesic patch every two days. He reported that his medications are working well with no side effects. On examination of his shoulders, tenderness was present over the right acromioclavicular joint, right glenohumeral joint and right subdeltoid bursa. An examination of the elbows revealed a positive Tinel's sign on the right side and tenderness over the left lateral epicondyle. The risks and benefits of the medications were fully discussed. Norco, Zanaflex, baclofen, Duragesic patch, and ibuprofen were prescribed. The injured worker returned on April 10, 2014 and June 5, 2014. He reported no change in his pain regarding his shoulders and elbows. He noted the same activity level and quality of life. His medication regimen included ibuprofen twice daily, Norco three times a day, Zanaflex twice a day, docusate sodium twice daily, Senokot once to twice at bedtime, as well as application of Voltaren gel twice to three times a day and a Duragesic patch every two days. He reported that his medications are working well and making his chronic pain more tolerable with no side effects. The injured worker was also stable on current medications. There was no change in his objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Opioids for chronic pain Page(s): 88, 75, 80-81,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Page(s): 78.

Decision rationale: The criteria for on-going management of opioids as specified in the California Medical Treatment Utilization Schedule were not satisfied. There was no measurable and comparable assessment of pain, evidence of functional benefit, and results of the urine drug screen to monitor the injured worker's compliance. The guidelines specified that ongoing review and documentation of pain relief, functional status, medication use, and side effects are warranted to support its continued use. Therefore, the request for Norco 10/325 mg #90 it is not medically necessary.

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Opioids for chronic pain Page(s): 88, 75, 80-81,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, page 78Chronic Pain Medical Treatment Guide.

Decision rationale: According to the progress report dated June 5, 2014, the total quantity of Norco 10/325 mg prescribed to the injured worker is 360, which showed that the injured worker was allowed to take 12 tablets of Norco at most per day. Furthermore, the injured worker was also recommended to use the Duragesic patch. The combination of these two will exceed the maximum dose prescribed by the California Medical Treatment Utilization Schedule guidelines which stipulates that dosing should not exceed 120 mg oral morphine equivalents per day. If the injured worker is taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In addition, the injured worker's response to opioid use was not properly documented. The California Medical Treatment Utilization Schedule specified that four domains including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors are relevant for the ongoing monitoring of chronic opioid use. Therefore, the request for Norco 10/325mg #360 is not medically necessary.

Zanaflex 4mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63,64,66 of 127.

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

Decision rationale: The presence of spasticity was not identified to necessitate the use of muscle relaxant, Zanaflex. Furthermore, its chronic use with no evidence of optimal functional benefits is against the California Medical Treatment Utilization Schedule regulation. These guidelines state that muscle relaxants are recommended as a second-line option for short-term treatment only of acute exacerbation. Therefore, the requested Zanaflex is not considered medically necessary.

Duragesic 75mcg/hr patch #15 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl (Duragesic) Page(s): 47, 74, 75, 80-81 & 93 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 88.

Decision rationale: The California Medical Treatment Utilization Schedule specified that for long term users of opioids, re-assessment is warranted. Moreover, the guidelines stipulate that pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. In this case, the injured worker's quantitative pain and functional improvement in comparison to the baseline level were not documented to justify continued opioid therapy. Therefore, the request for Duragesic is not medically necessary.