

Case Number:	CM14-0211745		
Date Assigned:	12/24/2014	Date of Injury:	06/10/1997
Decision Date:	02/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This is a 62-year-old female with a 6/10/97 date of injury. According to a progress report dated 12/18/14, the patient reported that her neck pain and bilateral upper extremities pain has increased since her last visit and rated it as a 6/10. Her pain frequently increased to a 9. She reported an episode of exacerbation of her pain 1 week ago due to cold and rainy weather. She reported that her left upper extremity pain and right upper extremity pain level has increased by 50%. She also complained of leg swelling in the last 2 weeks. She stated that medications were helping. Objective findings: limited to vital signs. A urine drug screen was performed and was positive for benzodiazepines, methadone, and tri-cyclic antidepressants. Diagnostic impression: occipital neuropathy, cervical spine musculotendinoligamentous injury, cervical spine radiculopathy, bilateral shoulder impingement syndrome, bilateral rotator cuff tear, bilateral acromioclavicular sprains/strains. Treatment to date: medication management, activity modification, home exercise program. A UR decision dated 12/17/14 denied the requests for MS Contin, Norco, and Zanaflex. Regarding MS Contin and Norco, objective examples of functional improvement and significant change in VAS score is not documented. There is no documentation of UDS performed to confirm compliance and an opioid contract is not in place as recommended by the guidelines. Regarding Zanaflex, there is no documentation of significant change in VAS score, pain relief, or objective improvement in function noted to warrant continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction in terms of VAS (visual analog scale) scores or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, it is noted that a urine drug screen was performed and was positive for benzodiazepines, methadone, and tri-cyclic antidepressants. There is no indication that the urine drug screen was consistent with this patient's opioid medication regimen. Furthermore, given the 1997 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for MS Contin 15mg, #60 was not medically necessary.

Norco 10/325mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction in terms of VAS scores or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, it is noted that a urine drug screen was performed and was positive for benzodiazepines, methadone, and tri-cyclic antidepressants. There is no indication that the urine drug screen was consistent with this patient's opioid medication regimen. Furthermore, given the 1997 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325mg #30 was not medically necessary.

Zanaflex 4mg, #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the present case, it is noted that this patient had a recent exacerbation to her pain. However, she has been taking Zanaflex chronically, since at least 6/9/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Zanaflex 4mg, #60 with 5 refills was not medically necessary.