MAXIMUS Federal Services

Case Number:	CM14-0091002		
Date Assigned:	06/25/2015	Date of Injury:	05/11/2009
Decision Date:	07/21/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/16/2014

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: Physical Medicine & Rehabilitation

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 (IW) is a 54-year-old male who sustained an industrial injury on 05/11/2009. Diagnoses include history of post concussive headaches related to head injury, cervical sprain/strain with severe spondylosis, lumbar sprain/strain with degenerative joint disease, history of shoulder girdle tendinopathy and sprain/strain injury and history of left wrist sprain/strain. Treatment to date has included medications, TENS unit and home exercise. According to the progress notes dated 4/2/15, the IW reported severe back pain shooting down the left leg, severe spasms with ongoing left-sided neck pain, headache and pain that radiated into the left arm and shoulder. The IW was taking about four Norco per day and Ibuprofen, Zanaflex on occasion for spasms and Elavil at night for headache prophylaxis, which was helpful. He rated his pain 8/10; 4/10 at its best with medication and 10/10 without them. He reported a 50% reduction in pain and 50% improvement in function of activities of daily living while taking medications compared to not taking them at all. On examination, cervical spine range of motion was limited in all planes and compression caused neck pain without radiation. The lumbar trunk was rigid, suggesting spasm, and flexion and extension were severely reduced at 20 degrees and 5 degrees, respectively. Bilateral straight leg raises were positive at 80 degrees, causing left-sided back pain that radiated to the left buttock and posterior thigh. Achilles reflexes were negative on the left, +1 on the right and +1 at the knees, bilaterally. There was weakness in the left lower extremity compared to the right and sensory loss at the left lateral calf and sole of the foot to light touch and pinprick. Tinel's and Phalen's signs were positive in the left wrist; Cozen's maneuver was positive at the lateral epicondyle with tenderness over the left elbow, but

range of motion was full. There was positive impingement sign and mild crepitus on circumduction of the left shoulder. A request was made for Norco 10/325mg, #120 (limited to four per day) for pain, Ibuprofen 400mg, #90 for inflammation and Zanaflex 4mg, #30 for back spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Prescription Medications Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The request for Ibuprofen 400mg #90 is not medically necessary and appropriate.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2009. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged with continued symptom complaints. The request for Zanaflex 4mg #30 is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2009. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The request for Norco 10/325mg #120 is not medically necessary and appropriate.