

Case Number:	CM15-0011117		
Date Assigned:	01/29/2015	Date of Injury:	09/29/2011
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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 is a 41-year-old female who reported injury on 09/21/2011. The mechanism of injury occurred while the injured worker was packing and unpacking as an outlet clerk. Diagnoses include hand pain, carpal tunnel syndrome, spasms of the muscles. On 01/29/2015, the injured worker complained of back pain rated 8/10 with medications and 10/10 without medications. She denied any new problems or side effects. The injured worker also indicated she had poor quality of sleep and awakened throughout the night. Her activity level has decreased as the pain in her neck and right upper extremity has increased and is radiating into the right trapezius with tenderness. Past treatments included medication, physical therapy and TENS unit. Her relevant medications include Pristiq 50 mg, Biofreeze gel, Lidoderm patch, Naprosyn 500 mg, Norco 10/325 mg, Zanaflex 10 mg and Tylenol Sore Throat 500 mg and Soma. The documentation indicated the injured worker has failed Xanax due to nausea. The treatment plan included Naprosyn 500mg #30, Zanaflex 2mg #30, and Norco 10/325mg #60. The rationale was not provided for review. A Request For Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: The request for Naprosyn 500mg #30 is not medically necessary. According to the California MTUS Guidelines, NSAIDs are indicated for the treatment of arthritis including the knee and hand and are recommended at the lowest dose for the shortest period of time. In addition, there should be an initial therapy of acetaminophen for patient's mild to moderate pain. The injured worker was indicated to have been on Naprosyn for unspecified duration and time. However, there is lack of documentation to indicate the injured worker had osteoarthritis. There is also lack of documentation to indicate the injured worker had initial therapy with acetaminophen prior to prescribing Naprosyn. Furthermore, there is lack of documentation in regard to objective functional improvement and objective decrease in pain. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Zanaflex 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 91.

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

Decision rationale: The request for Zanaflex 2mg #30 is not medically necessary. According to the California MTUS Guidelines, they recommend muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients who complain of low back pain. Furthermore, guidelines indicate that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. More specifically, Zanaflex is indicated for treatment in the management of spasticity and is unlabeled for use in low back pain. The injured worker was indicated to have been on Zanaflex for an unspecified duration of time. However, documentation indicated the injured worker failed Zanaflex. Furthermore, there is lack of documentation the injured worker had an acute exacerbation of chronic low back pain. Furthermore, guidelines indicate the use of Zanaflex as a second line option for short term treatment as efficacy appears to diminish over time and may lead to dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #60 is not medically necessary. According to the California MTUS Guidelines, patients on opioids require ongoing monitoring to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there is lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects and aberrant drug related behaviors. There is also absence of a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.