MAXIMUS Federal Services

Case Number:	CM15-0113311		
Date Assigned:	06/19/2015	Date of Injury:	09/04/2012
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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, Pain Management

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 34-year-old female, with a reported date of injury of 09/04/2012. The diagnoses include cervical spine degenerative disc disease, neck pain, cervical radiculopathy/ neuritis, and cervical spondylosis without myelopathy. Treatments to date have included a cervical epidural steroid injection, oral medications, cervical medial branch blocks, cervical facet joint injections, cervical medical branch radiofrequency, x-rays of the cervical spine o 09/04/2012, and an MRI of the cervical spine on 11/26/2012. The progress report dated 05/14/2015 indicates that the injured worker had pain in the neck. It was noted that the pain in her neck was thought to be due to facet arthropathy with degenerative disc disease with possible complex regional pain syndrome. Her pain remained stable on pain medication. The injured worker said that she had been quite stressed and depressed due to the length of the pain as well as continued denial of treatment. There was no change in the pain pattern. On average, the pain was rated 8 out of 10; without medication, the pain was rated 10 out of 10; and with medication, the pain was rated 7 out of 10. Without pain medication, the injured worker was unable to stand, walk, sleep, or work around the house. The pain medication improved the pain 60% with tiredness, moodiness, and constipation. The objective findings include tenderness of the pericervical area, no cervical spasm, normal paraspinous muscle tone, and intact sensation to except hypesthesia of the neck and left cheek. The treatment plan included the continuation of Subutex, and Zanaflex. The injured worker had a pain agreement dated 11/2014. The treating physician requested Subutex 2mg #70 and Zanaflex 2mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 2mg #70: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, Criteria for use of opioids.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for Subutex, California Pain, Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested Subutex is medically necessary.

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.