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| Case Number: | CM15-0117359 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 11/30/2000 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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, Hawaii

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 50-year-old male who sustained an industrial injury on 11/30/2000. Diagnoses include medial epicondylitis, elbow pain and extremity pain. Treatment to date has included medications, physical therapy, home exercise program and elbow injections and trigger point injections. According to the progress notes dated 6/5/15, the IW reported bilateral shoulder and bilateral elbow pain rated 8/10 with medications; he stated the pain was increased since he was last seen in the office. He rated his pain without medications 9/10. He complained of increased pain in the right upper extremity, especially in the shoulder, medial epicondyle and base of the right thumb with therapy; however, he did note some improvement since beginning physical therapy. On examination, there was tenderness over the acromioclavicular joint, the glenohumeral joint and subdeltoid bursa of the right shoulder. Range of motion was not limited. The examinations of the elbows were unremarkable with the exception of positive Tinel's sign on the right and tenderness over the left lateral epicondyle. Sensation was within normal limits. The IW complained of increasing spasms and requested returning to Zanaflex instead of Baclofen, as it helped his nocturnal spasms and improved sleep. A request was made for Zanaflex 4mg, #60 with one refill; Duragesic 75mcg/hour patch #15 with one refill for longer acting pain relief; and Norco 10/325mg, #180 with one refill, for pain, with the IW encouraged to taper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 1 refill: Overturned

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

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders and bilateral elbows. The current request is for Zanaflex 4mg #60 with 1 refill. The treating physicians report dated 6/5/15 (70C) states, "Patient reports that his Zanaflex was denied. It is noted that the Zanaflex helps with his nocturnal spasms and improves sleep. He notes day-time focus and needs this authorized for improvement in his activity tolerance." The MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The medical reports provided show the patient has been taking Zanaflex since at least 12/19/2014. In this case, the patient experiences an improvement in activity tolerance and sleep while on this medication. The current request satisfies the MTUS guidelines as outlined on page 66. The current request is medically necessary.

Duragesic 75mcg/hr patch #15 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, 111.

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders and bilateral elbows. The current request is for Duragesic 75mcg/hr patch #15 with 1 refill. The treating physicians report dated 6/5/15 (70C) states, "Pain level has increased since last visit. Patient rates his pain with medications as 8 on a scale of 1 to 10. Patient rates his pain without medications as 9 on a scale of 1 to 10." The report goes on to state, "Encouraged pt to taper on Norco as able." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been prescribed Duragesic since at least 12/19/14 (17C). The report dated 6/5/15 notes that the patient's pain has decreased from 9/10 to 8/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The QME report of 4/8/2015 state the patient is working full time. There was no evidence of aberrant behavior on CURES and UDS (4/10/2015). The patient's work status is permanent and stationary. The 4 As required by the MTUS have been met. The current request is medically necessary.

Norco 10/325mg #160 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders and bilateral elbows. The current request is for Norco 10/325mg #160 with 1 refill. The treating physicians report dated 6/5/15 (70C) states, "Pain level has increased since last visit. Patient rates his pain with medications as 8 on a scale of 1 to 10. Patient rates his pain without medications as 9 on a scale of 1 to 10." The report goes on to state, "Encouraged pt to taper on Norco as able." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 12/19/14 (17C). The report dated 6/5/15 notes that the patient's pain has decreased from 9/10 to 8/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The QME report of 4/8/2015 state the patient is working full time. There was no evidence of aberrant behavior on CURES and UDS (4/10/2015). The patient's work status is permanent and stationary. The 4 As required by the MTUS have been met. The current request is medically necessary.