

Case Number:	CM15-0125036		
Date Assigned:	07/08/2015	Date of Injury:	09/04/2009
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker (IW) is a 62-year-old male who sustained an industrial injury on 09/04/2009. Diagnoses include persistent neck pain, left upper extremity pain, chronic left shoulder pain and myofascial pain of the left upper extremity. Treatment to date has included medications, spinal injections, shoulder surgery, physical therapy and TENS unit. According to the progress notes dated 3/4/15, the IW reported neck and shoulder pain; Norco, Relafen and TENS unit were very helpful. Medications included Norco, Relafen, Colace, Tizanidine and Lyrica. On examination, the cervical paraspinal muscles were tender, with spasms noted. The left trapezius muscle was also tender to palpation, extending into the left upper extremity. MRI of the cervical spine on 3/19/14 was unchanged from the previous scan 3/27/12. Electrodiagnostic testing of the left upper extremity on 3/7/13 was consistent with mild left ulnar neuropathy across the elbow and the wrist. Tizanidine 4mg, #60 was dispensed for trial for spasms. A request was made for Norco 10/325mg, #90 for pain and retrospective review for Zanaflex 4mg, #60, which was dispensed in the office for trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg, ninety count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or increase in function on long term Norco. The documentation reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

Zanaflex 4 mg, sixty count, provided on June 1, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available), Muscle relaxants (for pain) Page(s): 66 and 63.

Decision rationale: Zanaflex 4 mg, sixty count, provided on June 1, 2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that the patient has chronic pain rather than an acute exacerbation. The patient has used muscle relaxants long term which is not accordance with the MTUS. The request for Zanaflex is not medically necessary.