

<b>Case Number:</b>	CM15-0174746		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Occupational 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:

This injured worker is a 43 year old female, who sustained an industrial injury on 04-21-2012. The injured worker was diagnosed as having chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pain, SLAP tear, myalgia and numbness. On medical records dated 07-06-2015 and 03-10-2015, subjective complaints were noted as having a burning stabbing pain in neck and right shoulder, right forearm and hand numbness. Pain was rated as 4-6 out of 10 with medication and 2-3 out of 10 with medication on 07-06-2015 and 7 out of 10 without medication and 4 out of 10 with medication on 03-10-2015. The objective findings were noted as the cervical spine revealing tenderness over the cervical paraspinal and over the facet joints at right C2-C5, and cervical spine range of motion was reduced in all planes. The right shoulder was noted as having an intact sensation, very limited active range of motion and surgical incision was noted to be well healed. The injured worker was noted to be not working. Treatment to date included physical therapy for right shoulder, home exercise program, laboratory studies and medication. Current medication was listed as Norco, Tizanidine and Ibuprofen. The injured worker was noted to be taking Norco and Tizanidine since at least 02-2015. The Utilization Review (UR) was dated 08-19-2015. A Request for Authorization was dated 07-07-2015. The UR submitted for this medical review indicated that the request for Norco, Ibuprofen and Tizanidine HCL was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. non-malignant pain.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there's no functional improvement when they are used to treat non-cancer pain. The patient continues to report significant pain and has significant pain limited function. The ongoing use of opioids in this particular case does not adhere to MTUS 2009 guidelines. Therefore, the Norco is not medically necessary.

### **Ibuprofen 800mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

**Decision rationale:** MTUS 2009 states that non-steroidal anti-inflammatory drugs should be used at the lowest dose and for the shortest duration possible. Therefore sustained use of non-steroidal anti-inflammatory drugs is not consistent with MTUS 2009. Furthermore the patient has not demonstrated any significant functional improvement with the use of ibuprofen. In addition ongoing use of non-steroidal anti-inflammatory drugs is associated with heart disease, kidney damage and liver damage. Therefore, the use of ibuprofen is not medically necessary in this case.

### **Tizanidine HCL 6mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS 2009 states that muscle relaxants should only be used for short-term exacerbations of chronic pain. Furthermore Tizanidine is an anti-spasticity agent that is indicated for muscle contractions that are due to central nervous system damage. The sustained use of Tizanidine is not consistent with either of these criteria. Furthermore, based on the patient's lack of functional recovery with its use, Tizanidine is not medically necessary.