

Case Number:	CM15-0062636		
Date Assigned:	04/08/2015	Date of Injury:	03/08/2000
Decision Date:	06/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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 61 year old, female who sustained a work related injury on 3/8/00. The diagnoses have included chronic neck pain, chronic low back pain, bilateral shoulder pain and depression/anxiety. Treatments have included medications, Botox injections into lumbar muscles, x-rays, MRIs and acupuncture. In the PR-2 dated 2/4/15, the injured worker complains of ongoing neck, back and right shoulder pain. She rates the pain a 7/10. She states the pain is a 5/10 at best and a 10/10 without medication. The requested treatments are prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

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

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

Decision rationale: The clinical note dated 02/04/2015 addressed the 4 As (analgesia, ADLs [function level], adverse effects, and aberrant drug taking behaviors) required by the California Medical Treatment Utilization Schedule for the ongoing use of opioid medications. The previous denial was related to a lack of documentation addressing the 4 As. It was noted that the Percocet brings the injured worker's pain from a 10/10 to a 5/10, allows for the injured worker to be more active, the injured worker denied any side effects from the medications, and has a urine drug screen on file from 09/16/2014 showing no inconsistencies, as well as a medication contract on file. Given the above, the injured worker meets the criteria described in MTUS for ongoing use of opioid medications. Considering the above, the request for Percocet 10/325 mg #120 is medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine), Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41-42.

Decision rationale: At this time, there is no documentation of any subjective complaints of muscle spasm as well as no indication of failed use of a nonsteroidal anti-inflammatory drug. Flexeril is considered a muscle relaxant, which shows no benefit beyond NSAIDs in pain and overall improvement. Given the above, the request for Flexeril 10 mg #30 is not medically necessary.

Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazadone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The guidelines support the use of trazodone, an antidepressant, with chronic pain patients for insomnia when other pharmacological therapies for the management of insomnia have failed. The clinical note on 02/04/2015 does state the injured worker gets between 3 and 4 hours of sleep with the trazodone and without the trazodone the injured worker only gets 1 to 3 hours; however, there was a lack of evidence indicating other pharmacological therapies were tried before going to trazodone. Given the above, the request for trazodone 50 mg #60 is not medically necessary.

Zanaflex 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that Zanaflex is a muscle relaxant. They also state that muscle relaxants are recommended for short-term use and show no additional benefit beyond or in combination with nonsteroidal anti-inflammatory drugs. The guidelines recommend Zanaflex in the event of acute exacerbation of pain. The injured worker does not have any subjective complaints of muscle spasms or any indication of an acute exacerbation of the injured worker's chronic neck, back, and shoulder pain. Given the above, the request for Zanaflex 4 mg #120 is not medically necessary.