

Case Number:	CM15-0090493		
Date Assigned:	05/14/2015	Date of Injury:	12/03/2003
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 42 year old female patient who sustained a repetitive industrial injury to her right shoulder and neck on 12/03/2003. The diagnoses include right shoulder tendinosis, status post cervical fusion and carpal tunnel release and chronic pain. According to the primary treating physician's progress report on March 17, 2015, she had complaints of neck and right upper extremity pain. Physical examination revealed tenderness with Tinel's at the left elbow and wrist with paresthasias in the left hand. The current medications list includes Norco, Neurontin, Prozac, Lunesta, Zanaflex, and Valium. She has had recent cervical magnetic resonance imaging (MRI) in November 2014, Electromyography (EMG)/Nerve Conduction Velocity (NCV) in December 2014; right shoulder MRI on 8/21/12. She has had physical therapy for cervical spine and hand therapy, soft cervical collar and medications. She has undergone C3-C4 anterior cervical diskectomy and anterior interbody fusion C3-C4 on March 4, 2013 and left carpal tunnel and ulnar release on February 2, 2015. Treatment plan consists of continuing with physical therapy, medication regimen, follow-upper appointments and the current retrospective request (DOS 3/23/2015) for Valium 1mg, Zanaflex 4mg, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 3/23/2015) for Norco 10/325mg QTY: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): s 76-80.

Decision rationale: Request: Retrospective request (DOS 3/23/2015) for Norco 10/325mg QTY: 180.00. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are, "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retrospective request (DOS 3/23/2015) for Norco 10/325mg QTY: 180.00 were not established for this patient.

Retrospective request (DOS 3/23/2015) for Valium 1mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Benzodiazepine.

Decision rationale: Request: Retrospective request (DOS 3/23/2015) for Valium 1mg QTY: 30.00. Valium contains diazepam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and

long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications (Billioti, 2014). Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from nonpsychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe (Olfson, 2015)." Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Detailed history of insomnia and anxiety since date of injury is not specified in the records provided. Response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Retrospective request (DOS 3/23/2015) for Valium 1mg QTY: 30.00 were not fully established for this patient.

Retrospective request (DOS 3/23/2015) for Zanaflex 4mg QTY: 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs, Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Request: Retrospective request (DOS 3/23/2015) for Zanaflex 4mg QTY: 60.00. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The patient has chronic neck pain with right upper extremity symptoms. She has a history of cervical spine surgery and carpal tunnel release. In addition the patient has significant objective abnormalities on the musculoskeletal physical examination. Tizanidine is recommended for chronic myofascial pain. The request of Retrospective request (DOS 3/23/2015) for Zanaflex 4mg QTY: 60.00 were deemed medically appropriate and necessary for this patient.