

Case Number:	CM13-0028855		
Date Assigned:	03/19/2014	Date of Injury:	07/21/2011
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of the [REDACTED] and has submitted a claim for a cervical spine musculoligamentous sprain/strain associated with an industrial injury date of July 21, 2011. The utilization review from August 27, 2013 denied the requests for neurological evaluation, due to lack of neurological findings; Zanaflex due to lack of documented spasm; Axid due to lack of documentation concerning medical necessity; and tramadol due to lack of documentation of non-opiate medication. The treatment to date has included trigger point injections, medication, acupuncture, home exercise program, and electrical muscle stimulation home unit. The medical records were reviewed from 2013, showing increased upper back and neck pain with performance of activities of daily living. The physical exam demonstrated tenderness along the cervical paravertebral muscles bilaterally, with associated slight muscle guarding/hypertonicity. The cervical compression testing and Spurling's maneuver elicited increased neck pain, with no radicular component. There was decreased range of motion for the cervical spine. There was increased tenderness over the subacromial area, acromioclavicular (AC) joint, supraspinous tendon, and periscapular region, as well as the upper trapezial musculature with associated muscle guarding/hypertonicity. The neurological exam demonstrated decreased sensation to pinprick and light touch over both median nerve distributions. The motor testing and reflexes were noted to be normal. The patient ran out of prescription medication in April 2013 and has since been self-medicating with over-the-counter ibuprofen or Tylenol, home exercise program, and the electrical muscle stimulation unit; these were not successful at reducing symptoms. The patient has been reporting migraines, and is the basis for the request for neurological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGICAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The ACOEM Guidelines indicate that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the request for neurological consult is for the evaluation of recent migraines. However, there were no neurological findings in the physical exam related to the migraines. It was not established that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for a neurological evaluation is not medically necessary.

REFILL OF ZANAFLEX 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

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

Decision rationale: The Chronic Pain Guidelines indicate that Tizanidine is FDA approved for the management of spasticity with an unlabeled use for low-back pain. The Guidelines also indicate that muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been using Zanaflex since April 2013. This drug class is recommended for short-term use; there is no documentation concerning the need for variance from the guidelines. There is also no specific amount given in the request. Therefore, a request for Zanaflex is not medically necessary.

REFILL OF AXID 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The Chronic Pain Guidelines indicate that H2 receptor antagonists are used as a treatment for dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. In this case, the patient has been using Axid since April 2013, but the medical

documentation did not show any evidence of dyspepsia. The response to previous Axid therapy was not properly assessed. Therefore, the request for Axid is not medically necessary.

REFILL OF TRAMADOL ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Guidelines indicate that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using tramadol since April 2013, but the documentation does not show evidence of analgesia or functional improvement with the intake of medications. Specific monitoring for the domains of narcotic management was not clearly documented. Therefore, the request for tramadol is not medically necessary.