

Case Number:	CM13-0035992		
Date Assigned:	12/13/2013	Date of Injury:	08/27/1998
Decision Date:	02/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM 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 physician 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:

Female claimant who sustained a work injury on 7/17/98 which resulted in myofascial back pain syndrome, cervical spondylosis, lumbar disk syndrome and occipital headaches . She had an annuloplasty of the lumbar spine and radiofrequency neurolysis of the cervical spine. She had undergone therapy and stretching programs. The claimant's symptoms were managed by Tizandine and Baclofen for spasms and hydrocodone for pain. An exam report on 11/30/13 noted that the patient had 0/10 pain in the neck and back but bilateral hand pain was 3/10. Objective findings included: decreased range of motion of the cervical spine and paravertebral tenderness. She is noted to be on Baclofen and Tizandine since at least July 2012. She was also taking Toradol since July 2012 and eventually transitioned to Hydrocodone Since Sept 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Toradol for a year with good consistency in pain scale. There is no documentation to note the need for Hydrocodone in the dose provided. In addition, Hydrocodone has been used for 3 months which is within reason of short-term use. The prior months request in Oct 2013 was for # 120 tabs which was denied. The counter request was for # 12 tabs. The use and amount of hydrocodone is not substantiated and therefore not medically necessary.

Tizanidine 4mg ½ tablet bid and two tables q hs #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the 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. (Malanga, 2008) 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. Furthermore, in most Low Back Pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The claimant was on another muscle relaxant as well as NSAID along with Tizandine for over a year. The continued use provides little benefit , increases risks of addiction and likely has reduced efficacy. As a result it is not medically necessary.

Baclofen 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Baclofen Page(s): 64.

Decision rationale: According to the MTUS guidelines, Baclofen's mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In this case, the claimant does not spinal cord injury or multiple sclerosis. She has also been on the medication for over a year- risking dependence and decreased efficacy. The continued use of not medically necessary.

