

Case Number:	CM13-0041016		
Date Assigned:	12/20/2013	Date of Injury:	08/22/2012
Decision Date:	06/03/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 59-year-old with a date of injury of 08/22/12. There was very limited supporting documentation available. This summary is taken from the review findings. An 08/26/13 progress report noted subjective complaints of neck and bilateral ankle pain. The objective findings included tenderness of the cervical spine, with decreased range-of-motion. The diagnoses included cervical disc disease and symptoms of reflex sympathetic dystrophy of the left upper extremity secondary to previous fracture. The treatment has included oral opioids, muscle relaxants, and anti-seizure agents as well as previous nerve blocks. A Utilization Review determination was rendered on 10/03/13, recommending non-certification of "prescription of Norco and prescription of Zanaflex".

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, OPIOIDS FOR CHRONIC PAIN.

Decision rationale: Norco is a combination drug containing acetaminophen and the opioid hydrocodone. The Chronic Pain Guidelines indicate that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid. There should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain." The MTUS/ACOEM Guidelines indicate that opioids are not recommended for neck complaints for more than two (2) weeks. The Official Disability Guidelines indicate, "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Also, the strength, frequency and duration of the therapy are not specified. Therefore, the record does not demonstrate the medical necessity for Norco.

PRESCRIPTION OF ZANAFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, MUSCLE RELAXANTS.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha₂-adrenergic agonist antispasticity/antispasmodic muscle relaxant. The dosage recommended is 2-4 mg every eight (8) hours up to a maximum of 36 mg per day. The Chronic Pain Guidelines indicate that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight (8) studies have shown efficacy of Tizanidine for low back pain. Other authors recommend Tizanidine as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The Official Disability Guidelines indicate that muscle relaxants are commonly used for treatment of low back problems. The guidelines also indicate that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. The guidelines do note that for low back pain, Tizanidine has shown longer-term efficacy. However, the strength, frequency and duration of the therapy are not specified. Therefore, in this case, there is no documented medical necessity for Zanaflex as requested.

