

<b>Case Number:</b>	CM13-0061225		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 a 62-year-old female who sustained an unspecified injury on 12/29/2009. The patient was evaluated on 12/16/2013 for history of cervical pain. The documentation submitted for review indicated the patient suffered from post concussion head syndrome, cervical disc degeneration, and hypertension. The physical examination noted the patient to have lumbar spine range of motion restricted in all planes with increased pain and muscle guarding noted. The physical examination of the cervical spine was noted to have findings of restricted range of motion in all planes with increased pain and muscle guarding. The examination further noted tenderness to the greater occipital nerve and lower occipital nerve, right greater than left. The treatment plan indicated the treatment for the cervical disc was the tizanidine tablets, Prilosec capsules, ThermaCare patches, Norco, and continued home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for Tizanidine 2 mg #60 is non-certified. The documentation submitted for review indicated the patient wanted the medication due to getting leg cramps when she does not take the medication. The California MTUS Guidelines recommend the use of muscle relaxants as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted for review indicated the patient was requesting the medication for leg cramps. Therefore, the use of the medication is contraindicated. Upon evaluation, the patient noted her pain to be 7/10 with the use of the medication; therefore, indicating the patient did not have a significant analgesic effect with the use of the medication. The documentation did not indicate how long the patient had been using the medication. The guidelines recommend the use of muscle relaxants for short term treatment of acute exacerbations of low back pain. The documentation submitted for review did not indicate the patient was having acute exacerbations; therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Tizanidine 2 mg #60 is non-certified

**Prilosec 20 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for Prilosec 20 mg #30 is non-certified. The documentation submitted for review did not indicate the patient had any gastrointestinal symptoms. Furthermore, the documentation submitted for review indicated the patient tried naproxen and decided to stop using the medication. The California MTUS Guidelines recommend the use of a PPI as an adjunct for NSAID therapy. However, the documentation submitted for review indicated the patient stopped the NSAID therapy, so the continued use of the PPI is not supported. Given the information submitted for review, the request for Prilosec 20 mg #30 is non-certified.

**Norco 325/7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-79.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for Norco 325/7.5mg #60 is non-certified. The documentation submitted for review indicated the patient's pain level was 7/10 upon evaluation. The documentation submitted for review did not indicate if that pain level was with or without the use of medication. However, as the medication had been prescribed previously, it indicates the medication did not have an analgesic effect for the patient. The California MTUS Guidelines recommend ongoing monitoring of opioid therapy in patients.

Ongoing monitoring should include the patient's pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant or non-adherent drug related behaviors. The documentation submitted for review indicated the patient did not have significant pain relief with the continued use of the medication. Therefore, the continued use of the medication is not supported. Furthermore, the documentation submitted for review did not indicate the patient had any functional improvement with the use of the medication. The California MTUS Guidelines recommended discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances. The documentation submitted for review did not include extenuating circumstances to continue the use of the medication. Given the information submitted for review, the request for Norco 325/7.5mg #60 is non-certified.

**Fifty (50) Thermacare patches: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation <http://www.thermacare.com/neck-wrist-and-shoulder-heatwraps>.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for 50 Thermacare patches is non-certified. The documentation submitted for review indicated the use of the patches is for the cervical disc degeneration. ACOEM states the use of hot packs, heat wraps, and moist heat is optional for acute regional neck pain. The documentation submitted for review indicated the patient suffered from chronic neck pain, not an acute condition. Therefore, the continued use of the patches is not supported. Furthermore, the ThermaCare web site states that ThermaCare is recommended for temporary relief from minor muscular aches and joint pains associated with overexertion and strains and sprains, as well as minor pain associated with arthritis. The documentation submitted for review indicated the patient has cervical disc degeneration, for which the patches were being requested. As the patient does not have any condition for which the patches are recommended, the continued use is not supported. Given the information submitted for review, the request for 50 Thermacare patches is non-certified.

**Nikken magnets bracelet: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.devicewatch.org/reports/bracelets.pdf> <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0071529#pone-0071529-g001>

**Decision rationale:** The Expert Reviewer's decision rationale: The request for one Nikken magnets bracelet is non-certified. The documentation submitted for review indicated the patient

had previously tried the Nikken magnet bracelets and stated they helped her decrease her medication usage. However, there was no documentation submitted for review to corroborate her statement. The alternate resource used for this review indicates the use of magnetic or copper bracelets did not appear to have any meaningful therapeutic effect, beyond that of a placebo, for alleviating symptoms and combating disease activity. The secondary resource used indicated patients obtained little, if any, specific therapeutic benefit from magnet therapy. Therefore, the use of the magnetic bracelets is not supported. Given the information submitted for review, the request for one Nikken magnets bracelet is non-certified.