

Case Number:	CM14-0002048		
Date Assigned:	01/24/2014	Date of Injury:	06/08/1992
Decision Date:	06/10/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 applicant has filed a claim for chronic neck pain reportedly associated with industrial injury of June 8, 1992. Thus far, the applicant has been treated with the following: analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; adjuvant medications; osteopathic manipulative therapy; trigger point injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 17, 2013, the claims administrator partially certified Vicodin for tapering purposes, denied Neurontin on the grounds that the applicant reportedly had no evidence of neuropathic pain, denied request for Valium, and denied request for tizanidine on the grounds that the MTUS does not support long-term usage of muscle relaxants. The applicant's attorney subsequently appealed. A December 9, 2013 progress note was notable for comments that the applicant reported persistent hand and foot pain. The applicant stated that ketamine seemed to help a little while lidocaine cream did not help at all. Sulindac also helped a little. The applicant exhibited a restricted affect and guarded her hands and digits. The applicant exhibited swelling about the hands, wrist, and fingers with stiffness and limited range of motion appreciated about the same. The applicant was given diagnosis of injury of ulnar collateral ligament and complex regional pain syndrome grade 1. The applicant was placed off of work, on total temporary disability. An earlier note of December 5, 2013 was notable for comments that the applicant reported persistent 4-7/10 neck pain. Limited cervical range of motion is noted despite full strength. The applicant was given trigger point injections in the clinic. The applicant's medication list reportedly included Vicodin, Zanaflex, occasional Valium, and QVAR.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 1500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to ask the applicant at each visit as to whether there has been an improvement in pain and function as a result of ongoing gabapentin or Neurontin usage. In this case, however, there has been no demonstration of functional improvement as defined in MTUS 9792.20f despite ongoing usage of gabapentin. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on opioid agents, including Vicodin/Norco. The applicant continues to have stiffness, swelling, and limited range of motion about the hands and digits. Therefore, the request is not medically necessary.

TIZANIDINE 4MG #60: Upheld

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

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

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does note that tizanidine or Zanaflex is Food and Drug Administration (FDA) approved in the treatment of spasticity and can be employed off label for low back pain, in this case, however, the applicant's symptoms are seemingly confined to the neck, as opposed to the low back. Furthermore, the applicant has seemingly used tizanidine and other medications chronically, with no clear evidence of functional improvement or appreciable benefit as defined by the parameters established in MTUS 9792.20f. The applicant apparently remains off of work, on total temporary disability. The applicant remains highly reliant on various analgesic and adjuvant medications, trigger point injections, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.

VALIUM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purposes, for pain, anxiety, muscle spasm, or depression. As noted by the MTUs, a more appropriate choice for long-term use purposes is an antidepressant. In this case, it is not clearly stated how much Valium the applicant is taking. It appears that the applicant is using this medication on a chronic, long-term, and scheduled use basis. This is not an appropriate usage of Valium, per the MTUS guidelines. Therefore, the request is not medically necessary.