

<b>Case Number:</b>	CM14-0003774		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 50 year old male who reported an injury on 09/23/2010. The mechanism of injury was not stated. Current diagnoses include status post ACDF at C5-7 with residual neck pain and right upper extremity radiculopathy, right elbow epicondylitis, right parascapular sprain and strain, and right shoulder sprain and strain. The injured worker was evaluated on 11/26/2013. The injured worker reported cervical spine pain with weight gain, stress, and sleep disturbance. Physical examination revealed no acute distress and stiffness. Current medications include Norco 10/325 mg and Tizanidine 4 mg. Treatment recommendations at that time included a prescription for Norco, Tizanidine, and a cervical traction device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SAUNDERS CERVICAL TRACTION DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, , 173-174

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

**Decision rationale:** ACOEM Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modality such as traction. Official Disability Guidelines recommend home cervical patient control traction for patients with radicular symptoms, in conjunction with a home exercise program. As per the documentation submitted, the injured worker does not demonstrate radicular symptoms in the cervical spine. There is also no evidence of this injured worker's active participation in a home exercise program. Based on the clinical information received, the request is not medically necessary and appropriate.

**NORCO 10/325 #60 REFILL 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHAPTER OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 08/2013. There is no evidence of objective functional improvement. Therefore, the request is not medically necessary and appropriate.

**TIZANIDINE 4MG #60 REFILL 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHAPTER MUSCLE RELAXANTS,

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized Tizanidine 4 mg since 08/2013. There is no evidence of palpable muscle spasm or spasticity upon physical examination or evidence of efficacy. Therefore, the request is not medically necessary and appropriate.