

Case Number:	CM14-0016443		
Date Assigned:	04/11/2014	Date of Injury:	05/09/2002
Decision Date:	05/08/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/10/2014

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 Geriatrics and is licensed to practice in New York. 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 has a date of injury of 5/9/02. He was seen by his primary treating physician on 12/19/13 with complaints of groin pain. He was taking Cymbalta, Arthrotec, Lyrica, Zanaflex, Miralax and Norco for pain. His physical exam shows that he was in pain on the exam table. He was holding his genitalia with an ice bottle and pulling at his right his groin due to pain. He was ambulatory with a slow and guarded gait. His diagnoses were reflex sympathetic dystrophy, myalgias, and myositis. He was to continue his medications, some of which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics /Antispasmodic Drugs Page(s): 47.

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

Decision rationale: Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. This injured worker chronic pain with an injury sustained in 2002. His medical course has included use of multiple medications including narcotics and muscle relaxants. Per the

chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/13 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify ongoing use. The medical necessity for Zanaflex is not supported in the records.

MIRALAX 17GMS, #30: 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 Uptodate: Miralax Drug Information And Management Of Chronic Constipation In Adults

Decision rationale: Miralax is typically prescribed for occasional constipation but can be used in chronic constipation. Laxatives are used after patient education, behavior modification and dietary changes. The records do not document that these modalities were trialed prior to using long-term Miralax. The records do not justify medical necessity for the Miralax.

NORCO 10/325MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen) Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. His medical course has included use of several medications including narcotics and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. The Norco is denied as not medically necessary.