

Case Number:	CM14-0159747		
Date Assigned:	10/03/2014	Date of Injury:	04/13/2012
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 41-year old male with a date of injury of April 13, 2012. It was indicated that on that day he was on the incline and went to pick up his bag to put in the back of the vehicle when his shoulder popped out. He was diagnosed with (a) chronic right shoulder pain, status post right shoulder arthroscopic surgery for rotator cuff repair in September 2012 and (b) chronic neck pain, magnetic resonance imaging scan dated March 28, 2013 showed right paracentral disk at C5-C5 and a central one at C6-C7. In the most recent progress note dated July 22, 2014 it was indicated that he complained of persistent right shoulder and neck pain. It was also indicated that he wanted a specialist to see him for his orthopedic condition. There were no objective findings noted. He was to continue with his medication. We are awaiting authorization for epidural injection, spine surgical consultation, and a re-consultation for his right shoulder and some laboratory studies. He was advised to follow up in four weeks. This is a review of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The request for Zanaflex 4mg, #120 with three refills is not medically necessary at this time. As per the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking muscle relaxants since January 2014 and continued to receive prescription refills until the present. With this, prolonged use of Zanaflex, which is a muscle relaxant has been noted, which has gone beyond the recommendation of the guidelines. More so, based on the medical records submitted for review, although the objective findings for presence of muscle spasms were positive these can be managed conservatively without the need for medications. Hence, the medical necessity of the inclusion of Zanaflex 4mg in the injured worker's pharmacological regimen is not established.

Effexor XR 37.5mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Effexor XR 37.5mg, #60 is not medically necessary at this time. As per the Chronic Pain Medical Treatment Guidelines, Effexor with a generic name of venlafaxine is a medication which is Food and Drug Administration approved for anxiety, depression, panic disorder, and social phobias but it is also considered as a first-line treatment for neuropathic pain especially if the pain is accompanied by insomnia, anxiety and depression. In this injured worker's case although there were subjective complaints of upper right extremity numbness and tingling sensation, objective findings for confirmation of neuropathic pain was lacking such as decreased sensation, decreased muscle strength as well as diminished deep tendon reflexes. Additionally, the injured worker has not been diagnosed nor does he complain of anxiety, stress and depression for which Effexor is primarily indicated for. Therefore, the medical necessity of the continued use of Effexor 37.5mg is not established.

Imitrex 50mg #18 with 3 refills: 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), Head Chapter, Imitrex (Sumatriptan), See Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans

Decision rationale: The medical records received have limited information to support the necessity of Imitrex 50mg, #18. Absent was the documentation of objective functional improvement from its prior use. The Chronic Pain Medical Treatment Guidelines and American

College of Occupational and Environmental Medicine Guidelines was silent with regard to its use, referencing the Official Disability Guidelines it stipulated that the requested medication is recommended for migraine sufferers, however in the most recent progress notes there were no documented complaints of headaches that could warrant the continued use of Imitrex. With this information, the medical necessity of Imitrex 50mg, #18 is not established.