

Case Number:	CM14-0166833		
Date Assigned:	10/14/2014	Date of Injury:	03/31/2013
Decision Date:	11/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 claimant was injured on 03/31/13. The claimant has a diagnosis of neck, right shoulder, and right elbow pain. On 04/23/14, she was evaluated. Her medications were refilled and included Motrin, Fioricet, and Zanaflex. A pain management consultation was recommended for possible cervical epidural steroid injection. She was a candidate for right elbow ulnar nerve transposition. She may require right shoulder surgery. Medications were refilled. On 06/06/14, Zanaflex was ordered along with a surgical consultation. There are multiple handwritten notes that are nearly illegible. On 07/18/14, she underwent a second opinion orthopedic surgical consultation. An MRI dated 05/13/13 revealed subacromial impingement. She had persistent pain despite PT, acupuncture, cortisone injection, various anti-inflammatory and analgesic medications, and time. An EMG/nerve conduction study revealed mild cubital tunnel syndrome. She had decreased range of motion of her shoulder. There was some tenderness. There was no spasm or fasciculation noted. There was no atrophy. Neurologic examination revealed some mild deficits. Surgery was recommended with postop care. On 08/20/14, she was evaluated and had right shoulder pain that wakes her frequently. She wanted to have surgery. There was tenderness of the periscapular area and the subacromial and acromioclavicular joint region with decreased range of motion and crepitus. There was no laxity. Surgery was recommended on 09/11/14 along with Zanaflex and Fioricet. The claimant's planned surgery was arthroscopic subacromial decompression with possible distal clavicle resection and labral rotator cuff debridement.

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 Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary

Decision rationale: The history and documentation do not objectively support the request for the use of Zanaflex 4mg #30. The MTUS state "muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication.... A record of pain and function with the medication should be recorded. (Mens 2005)"The medical records provided do not include objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. The anticipated benefit to the claimant of the use of this medication has not been described and none can be ascertained from the records. As such, this request for Zanaflex 4 mg #30 is not medically necessary.

Fioricet #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for Fioricet #60, frequency and duration unknown. The MTUS state "Barbiturate-containing

analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" The medical documentation provided does not establish the need for long-term/chronic usage of Fioricet, which MTUS guidelines advise against. Additionally, the medical records provided do not provide a specific indication for the use of this medication and the claimant's pattern of use and objective evidence of benefit from the use of this medication are lacking. There is no documentation of trials of local modalities such as ice/heat, exercise and trials of other first-line drugs such as acetaminophen and anti-inflammatories. Evidence of lack of functional improvement from these types of treatment methods has not been described. As such, this request for Fioricet #30 is not medically necessary.