

Case Number:	CM14-0031422		
Date Assigned:	06/20/2014	Date of Injury:	04/03/2008
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on 4/3/2008. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 6/6/2014, indicated that there were ongoing complaints of left wrist pain. The physical examination demonstrated left wrist: Well healed surgical scar. Full range of motion without pain. Muscle strength 5/5. Pain localized to the left mid wrist joint. Sensation intact to light touch. Reflexes 2+/4 left upper extremity. Tender to palpation at the radial/ulnar joint on the left. No recent diagnostic studies were available for review. Previous treatment included acupuncture, physical therapy, medication, and activity modification. A request was made for MRI of the thoracic spine, Norco 5/325 #60, Xanax 0.5 mg #30, tizanidine 2 mg #60 and was not certified in the pre-authorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section, regarding MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: MRI of the cervical and thoracic spine is recommended for patients with acute cervical pain with progressive neurological deficit, significant trauma with no improvement in significantly painful or debilitating symptoms, a history of neoplasia (cancer); multiple neurological abnormalities that span more than one neurological root level (Kulkarni 87, Tarr 87, Mrivis 88, Benzel 96, Orrison 95), previous neck surgery with increasing neurological symptoms, fever with severe cervical pain symptoms or signs of myelopathy. After reviewing the medical documentation provided, it was noted there was no objective physical examination performed on this body part. Therefore, this request is not medically necessary.

Norco 5/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic left wrist pain; however, he is working full-time performing manual labor. Note dated 5/19/2014 from the injured worker's treating physician, revealed the claimant took hydrocodone 2.5/325 every 12 hours as needed to control pain. As such, this request for continued use this medication in a low-dose is medically necessary.

Xanax 0.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section regarding Xanax, "Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines Page(s): 24.

Decision rationale: Xanax is not recommended for long-term use, because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to four weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. After review of the medical documentation provided, there was no supporting evidence in the subjective or objective

portion of the note necessitating the need for this medication. Therefore, this request is not medically necessary.

Tizanidine 2 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009):Anti-Spasticity/anti-spasmodic drugs Page(s): 66.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist, that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is against the guideline recommendations. After review of the medical documentation provided, there was no documentation citing a specific acute/aggravating injury in referencing the guidelines. This medication is indicated for short-term use only. Therefore, the request for this medication is not medically necessary.