

Case Number:	CM14-0054114		
Date Assigned:	09/12/2014	Date of Injury:	02/23/2004
Decision Date:	10/17/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency Medicine, 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 patient is a 61-year-old male who was injured on February 23, 2004. The patient continued to experience pain in his lower back, bilateral knees, bilateral hips, and neck. Physical examination was notable for mild tenderness to the lumbar spine, weakness in the lower extremities and tenderness over shoulders, hips, and knees. Diagnoses included lumbar radiculopathy, cervical radiculopathy, bilateral hip pain consistent with degenerative joint disease, insomnia, and bilateral knee pain consistent with bilateral meniscal tears. Treatment included medications, epidural steroid injection, Requests for authorization for Acetadryl 500/50 mg and Zanaflex 4 mg were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetadryl 500mg/25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sedating antihistamines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Insomnia treatment,

Decision rationale: Acetadryl is a compound medication containing the analgesic acetaminophen and the antihistamine diphenhydramine. In this case it is being used at bedtime for the treatment of insomnia. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. Sedating antihistamines, such as diphenhydramine, have been suggested for sleep aids. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Diphenhydramine is not recommended. The guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diphenhydramine is not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63,65.

Decision rationale: Zanaflex is the muscle relaxant tizanidine. Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case the patient has been using Zanaflex since at least October 2103. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.