MAXIMUS Federal Services

Case Number:	CM14-0081586		
Date Assigned:	07/18/2014	Date of Injury:	03/01/2010
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 31-year-old female who was injured on March 1, 2010. The patient continued to experience pain in bilateral wrists and elbows and low back pain. Physical examination was notable for normal range of motion in the elbows and wrists, tenderness at the right wrist near the base of the 1st and 5th metacarpals, negative Phalen's sign, negative Tinel's sign, normal motor strength in the lower extremities and intact sensation in the lower extremities. Diagnoses included bilateral wrist pain and chronic low back pain. Treatment included physical therapy, chiropractic therapy, and medications. Requests for authorization for Relafen 750 mg #60 and Zanaflex 4 mg # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Relafen 750mg #60 (DOS: 04/24/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Relafen is nabumetone, a non-steroidal anti-inflammatory drug (NSAID) indicated for osteoarthritis. Chronic Medical Treatment Guidelines state that "anti-

inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective that acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient was prescribed the Relafen while taking motrin, another NSAID. The patient had been taking Motrin since at least February 2013. The duration of treatment with NSAIDs is considered long-term and increases the risk of adverse effects. The request is not medically necessary.

Retrospective: Zanaflex 4mg #60 (DOS: 04/24/14): Upheld

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

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

Decision rationale: Zanaflex is tizanidine, 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. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the request for the muscle relaxant was for 30-day supply. This surpasses the recommended short-term duration of 2 weeks. The request is not medically necessary.