

Case Number:	CM14-0087463		
Date Assigned:	07/23/2014	Date of Injury:	09/09/2009
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and reported return to full-time work with limitations. The claims administrator apparently failed to approve a request for Zanaflex and Ultracet through the Utilization Review process. The applicant's attorney appealed, on August 6, 2014. In a November 21, 2013 progress note, the applicant was described as using Motrin, Flector, Relafen, and Zanaflex. The applicant was working despite ongoing issues with chronic neck and bilateral shoulder pain, it was stated, albeit with a 40-pound lifting limitation in place. On June 26, 2014, the applicant reported 7/10 neck pain, reduced to 2-3/10 with medications. The applicant stated that he was jogging, cooking, cleaning, laundering, and working. The applicant denied any side effects from medications but acknowledged that four tablets of Zanaflex daily were causing drowsiness while two tablets of Zanaflex daily were not. Chronic neck pain was the primary operating diagnosis. The neck pain was the sole documented pain generator on this occasion. Motrin, Zanaflex, and Ultracet were endorsed. The applicant was asked to continue acupuncture and maintain regular duty work status. In a separate progress note dated June 26, 2014, the attending provider stated that the applicant had a separate claim for low back pain and was using Ultracet, Motrin, Flector, and Zanaflex to combat the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #240: 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 Tizanidine (Zanaflex), Muscle Relaxants Page(s): 66-68.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity and can be employed for off label use for low back pain, this recommendation is qualified by commentary made on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that all muscle relaxants, as a class, should be employed with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the 240-tablet supply of Zanaflex proposed by the attending provider represents chronic, long-term, scheduled, and daily use of Zanaflex. This is not supported, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly owing to the fact that the attending provider has not documented issues with spasticity and/or muscle spasm on several progress notes, referenced above. Therefore, the request is not medically necessary.

Ultracet 37.5-325mg, #60: Overturned

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 Steps to take before a therapeutic trial of Opioids When to Continue Opioids topic Page(s): 76-77, 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has achieved and/or maintained successful return to work status, albeit with a 40-pound lifting limitation in place. The applicant is reporting an appropriate reduction in pain scores from 7/10 to 2-3/10 with Ultracet usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Motrin 800mg, #120: Overturned

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 NSAIDs, Anti-inflammatory Medications topic Page(s): 66-68 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The applicant has demonstrated treatment success as defined in MTUS 9792.20f by achieving and/or maintaining successful return-to-work status while on Motrin. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.