

Case Number:	CM14-0104618		
Date Assigned:	07/30/2014	Date of Injury:	01/19/2001
Decision Date:	01/28/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 1/19/2001. She was diagnosed with cervicobrachial syndrome, shoulder joint pain, cervical disc disease, muscle spasm, and mood disorder. She was treated with TENS, injections, surgery (cervical), and medications including opioids, anti-epileptics, muscle relaxants, anti-depressants, and anti-constipation agents. The worker was seen by her pain management physician on 6/9/14 reporting neck pain radiating to the right arm and associated with tingling of her fingers (2nd, 3rd, and 4th). She rated her pain at 7/10 on the pain scale with her collective medication use, and 9/10 on the pain scale without any medications. No change in symptoms were reported. She reported taking Amitiza, omeprazole, Duragesic, Neurontin, Ultram, Silenor, Wellbutrin, Senokot, and Zanaflex among her list of medications, however, no report on their effectiveness individually was reported in the progress note. Physical examination findings included neck muscle spasm and restricted movement of the cervical spine. She was then recommended physical therapy and to continue her previously used medication, including Zanaflex and Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1/2-1 by mouth as needed #10: 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 relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she had been using Zanaflex chronically at least for many months for her muscle spasms which were noted among the physical findings at the time of this request. However, chronic use of Zanaflex is not recommended. Also, there was no evidence to suggest she was having an acute exacerbation which might have warranted a short course of a muscle relaxant. Therefore, the Zanaflex is not medically necessary to continue.

Amitiza 24mcg 1 by mouth twice a day #60: 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 Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment.

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Amitiza is a medication used for the treatment of chronic constipation, increasing intestinal fluid secretion as well as intestinal motility. Upon review of the notes available for this review, there was insufficient evidence to suggest that the worker in this case was utilizing first-line therapy/strategies for constipation or had tried these prior to using medications for her constipation, including Amitiza. Also, there was no report on her bowel habits and need for any medication found in the notes available for review. Therefore, the request for Amitiza is not medically necessary.