

Case Number:	CM14-0181383		
Date Assigned:	11/06/2014	Date of Injury:	12/15/2009
Decision Date:	01/30/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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:

This case is a 45 year old female with a date of injury on 12/15/2009. Physical therapy treatment notes submitted for review included 5 sessions dated from 08/06/2014 - 08/22/2014. A progress note dated 08/27/2014 noted that the injured worker's medication regimen included Zanaflex and Skelaxin. According to a progress report dated 10/01/2014, the neck and back were "more stiff". Pain was rated 9 on a scale of 0-10 without Vicodin and as low as a 7 with the medications. She was able to walk, sit and stand 20 minutes with the medications versus 10 minutes without the medications. She could prepare her own meals while taking the Vicodin and was unable to without. She reported occasional heartburn with current medications intermittently. Physical examination noted tenderness to palpation and spasm at the occiput and trapezius. Tenderness to palpation was noted at C4-5. There was tenderness to palpation in the epigastric area. The lumbar area was positive at the L3-5 process with tenderness and bilateral paraspinal muscle with tenderness to palpation. The left gluteal muscle was positive for spasm and tenderness to palpation. There were approximately 5 palpable trigger points on the left lower lumbar paraspinals and approximately four on the right. The provider's noted assessment included sacroiliitis not elsewhere classified, cervicalgia, lumbago and scoliosis (and kyphoscoliosis) idiopathic. Medications prescribed included Zanaflex, Skelaxin, Esomeprazole and acetaminophen-hydrocodone. On 10/13/2014 Utilization Review non-certified the request for Skelaxin 800mg 1 tab by mouth every day #90 with 1 refill, Esomeprazole 20mg 1 tab by mouth every day #30 with 2 refills, Vicodin 5/300mg 1 tab by mouth three times a day #90 and Zanaflex 4mg 1 tab by mouth at bedtime #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 1 tab by mouth every day #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: MTUS writes "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment 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." MTUS states regarding Skelaxin (Metaxalone), "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Medical records do not indicate the failure of first line treatments. The requested Skelaxin 800mg #90 with one refill would be 180 days of treatment and is more than for the recommended 2-3 weeks. The medical notes do not indicate a reason for the patient is be given 180 days of medication. As such, the request for Skelaxin 800mg 1 tab by mouth every day #90 with 1 refill is not medically necessary.

Esomeprazole 20mg 1 tab by mouth every day #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Esomeprazole 20mg 1 tab by mouth every day #30 with 2 refills is not medically necessary.

Vicodin 5/300mg 1 tab by mouth three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids

Decision rationale: Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The medical records did indicate some pain relief with Vicodin and self-reported increased function. The increase function was only for one mentioned activity, however. The medical notes provided, however, did not demonstrate any improvement of pain over the course of being on this medication. The medical notes consistently rate the pain as 8-10/10 scale through the medical notes provided. As such, the request for Vicodin 5/300mg 1 tab by mouth three times a day #90 is not medically necessary.

Zanaflex 4mg 1 tab by mouth at bedtime #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is the brand name version of Tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment 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. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen.

According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions."MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia." As written, the employee will have 120 days of medication without any interim medical evaluation, which is excessive not medically prudent. The medication is intended for short term acute treatment of chronic low back pain. The prescription, as written, would not be considered acute treatment. Additionally, the treating physician does not detail what first line treatment were tried and failed. As such, the request Zanaflex 4mg 1 tab by mouth at bedtime #60 with 1 refill is not medically necessary.