

Case Number:	CM14-0200563		
Date Assigned:	12/10/2014	Date of Injury:	04/19/2004
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 injured worker (IW) is a 44-year-old man with a date of injury of April 19, 2004. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with cerebral contusion resulting in epidural and subdural hematoma requiring surgical evacuation in April 2004; permanent altered right occipital lobe of the brain resulting from severe head trauma and chronic headaches; cervical strain with resultant disc bulge and probable symptomatic annular tearing with chronic neck pain and the absence of neurological sequelae; lumbar sacral strain with resultant lumbar disc bulge and probable symptomatic annular tearing with chronic intermittent lower back pain in the absence of radiculopathy; and right shoulder strain contusion with rotator cuff tendinitis and impingement without full thickness rotator cuff tear. Pursuant to a neurology progress note dated September 29, 2014, the IW complains of neck pain, sometimes worse than other times. Symptoms are controlled with medications, which include Butabital/Apap with caffeine 325/50/40mg, Naprosyn 375mg and Zanaflex 2mg. Objectively, the IW's speech, language and comprehension are normal. There is no facial weakness. There is normal power in the extremities, upper and lower. Gait and station are normal. Neck range of motion is good. According to utilization review documentation, the IW has been prescribed the aforementioned medications for at least 8 months. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Butabital/Apap with caffeine 325/50/40mg, and Zanaflex 2mg. The current request is for Butabital/Apap with caffeine 325/50/40mg #40, and Zanaflex 2mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Butalbital APAP with caffeine 325/50/40 mg # 40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Toward Optimized Practice. Guideline for primary care management of headache in adults. Edmonton (AB): Toward Optimized Practice; 2012 Jul. page 71

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Pain Section, Butalbital.

Decision rationale: Pursuant to the Official Disability Guidelines, Butalbital APAP with caffeine 325/50/40 mg #40 is not medically necessary. Butalbital is a barbiturate containing analgesic agent. These drugs are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic activity. See the guidelines for additional details. In this case, the injured workers working diagnoses were cerebral concussion with epidural and subdural hematoma requiring surgical evacuation April 2004; permanent altered right occipital lobe of the brain from severe head trauma and chronic headaches; cervical strain with resultant disc bulge and probable symptomatic annulus tearing with chronic neck pain; lumbar sacral strain with lumbar disc bulge and probable symptomatic annulus tearing; and right shoulder strain/contusion with rotator cuff tendinitis and impingement without full thickness rotator cuff tear. The injured worker is a 44-year-old man with a date of injury April 19, 2004. The treating physician has prescribed butalbital according to the September 29, 2014 progress note. There is no other documentation in the medical record indicating the length of time butalbital has been prescribed. The utilization review documentation indicates the injured worker has been taking butalbital at least eight months despite guideline recommendations. Butalbital is not recommended for chronic pain, the potential for drug dependence is high, and there is no evidence to show any clinically important enhancement of analgesic activity. Consequently, based on the guideline recommendations and the absence of compelling clinical information to support its use, butalbital APAP with caffeine 325/50/40 mg #40 is not medically necessary.

One prescription of Zanaflex 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2 mg is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with

chronic low back. Efficacy appears to diminish over time and prolonged use of some medicines may lead to dependence. In this case, the injured worker's working diagnoses were cerebral concussion with epidural and subdural hematoma requiring surgical evacuation April 2004; permanent altered right occipital lobe of the brain from severe head trauma and chronic headaches; cervical strain with resultant disc bulge and probable symptomatic annulus tearing with chronic neck pain; lumbar sacral strain with lumbar disc bulge and probable symptomatic annulus of tearing; and right shoulder strain/contusion with rotator cuff tendinitis and impingement without full thickness rotator cuff tear. The injured worker is a 44-year-old man with a date of injury April 19, 2004. A progress note dated September 29, 2014 shows the injured worker was taking Zanaflex 2 mg. 1 to 2 tablets every 12 hours. There is no clinical indication or clinical rationale to support the ongoing use of Zanaflex. Zanaflex, a muscle relaxant, is indicated for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in chronic low back pain. The utilization review indicates Zanaflex has been prescribed for at least eight months without any evidence of objective functional improvement pain relief. There is no additional documentation from the treating physician and the medical record. Consequently, absent the appropriate clinical indication, documentation supporting objective functional improvement and its use in clear excess of the recommended guidelines (two weeks), Zanaflex 2 mg is not medically necessary.