

Case Number:	CM15-0001835		
Date Assigned:	01/12/2015	Date of Injury:	06/30/2009
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 is a 36 year old female, who sustained an industrial injury on June 30, 2009. She has reported neck and upper back injuries. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain with right upper extremity radiculitis, 1 millimeter disc protrusion at C4-C5 indenting the thecal sac and 1 millimeter disc bulge at C5-C6, complex regional pain syndrome in right upper extremity and wrist, medical epicondylitis of the right elbow, bilateral forearm/wrist tendinitis with DeQuervains tenosynovitis, and right shoulder periscapular strain with bursitis, tendinitis, and impingement. Treatment to date has included modified work duties, diagnostic studies, steroid injection of the right shoulder, alpha stim unit use in the pain management office, and non-steroidal anti-inflammatory, anti-epilepsy, and pain medications. Currently, the injured worker complains of throbbing pain and stiffness of the neck with radiation of pain to bilateral shoulders and hands. The injured worker is unable sleep at night due to the pain and spasms. In addition, the injured worker complains pain and swelling of bilateral wrists. The pain is greater on the right side than the left. On December 19, 2014 Utilization Review non-certified a request for 1 alpha stim unit, noting the guidelines do not recommend micro current electrical stimulation devices such as the alpha stim unit. Additionally, electrical stimulators are not recommended for use in the forearm, wrist, and hand. The California Chronic Pain Medical Treatment Guidelines for MENS (microcurrent electrical stimulation) and the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (Acute & Chronic) for Electrical Stimulators (E-Stim) were cited. Utilization Review modified a prescription for Norco 7.5/325mg #60, noting the lack of substantial or lasting functional

improvement, evidence of significant side effects, a history of an enlarged liver, and there was a prior UR recommendation to taper the Norco for similar reasoning. The California Chronic Pain Medical Treatment Guidelines for Opioids, criteria for use and Weaning of Medications was cited. Utilization Review modified a prescription for Zanaflex 4mg #60, noting the medication is not recommend for use in patients with an enlarged liver. The injured worker had been using Zanaflex for an extended period of time. Therefore, weaning should be implemented for safe discontinuation. . The California Chronic Pain Medical Treatment Guidelines for Tizanidine (Zanaflex) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Alpha Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Alpha-Stim product website. <http://www.alpha-stim.com>. Accessed 03/09/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The Guidelines support the use of transcutaneous electrical nerve stimulation (TENS), a similar but different type of treatment, as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm in certain specific clinical situations. The alpha-stim unit provides microcurrent electrical therapy by applying electricity to the skin in order to decrease pain intensity. There is minimal quality literature to support this treatment. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an alpha wave stimulation unit is not medically necessary.

1 prescription of Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Opioids Page(s): 124; 74-95.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the

amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was cervical and trapezial musculoligamentous strain/sprain with right arm radiculitis and C4 and C5 disk bulges. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion reporting improved pain intensity or function with this specific medication, how long the benefit from this specific medication lasted, or how often it was needed and used. In the absence of such evidence, the current request for sixty tablets of Norco (hydrocodone with acetaminophen) 7.5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

1 prescription of Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Weaning of Medications Page(s): 63-66; 124.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from cervical and trapezial musculoligamentous strain/sprain with right arm radiculitis and C4 and C5 disk bulges. These records reported the worker had been taking this medication for at least several months. There was no exploring potential negative side effects, describing improved pain or function due to the specific use of tizanidine, or detailing extenuating circumstances supporting its continued use long-term. In the absence of such evidence, the current request for sixty tablets of Zanaflex (tizanidine) 4mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.