

Case Number:	CM15-0107539		
Date Assigned:	06/12/2015	Date of Injury:	07/31/2012
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: California
 Certification(s)/Specialty: Internal 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 was a 56 year old female, who sustained an industrial injury, July 31, 2012. The injured worker previously received the following treatments there was no documentation provided. The injured worker was diagnosed with bilateral wrist and hand pain. According to progress note of November 24, 2014, the injured workers chief complaint was ongoing pain in the head, neck and both arms. The pain radiated from the neck, back, shoulder, rib cage, down the arms and hands. The injured worker described the pain as stabbing, aching, and radiating. The exacerbating factors were bending, carrying, lifting, noise, pulling, pushing, reaching, rolling in bed, sitting, standing, stress, taking stairs, and walking. The pain was relieved by heat, massage, ice and brace. The associated symptoms were numbness and tingling, headaches, nausea, swelling and weakness. The injured worker was report difficultly sleeping do to pain and anxiety. There was no physical exam with the documentation provided. The treatment plan included prescriptions for Tizanidine, Orphenadrine and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. The injury date was 7/31/2012. The visit note dated November 24, 2014 documented pain in bilateral wrists and hands. The 11/24/14 is the latest progress report in the submitted medical records. Updated progress reports were not in the submitted medical records. The request for authorization (RFA) was dated 5/5/15. Without updated progress reports, the request for Tizanidine is not supported. Therefore, the request for Tizanidine is not medically necessary.

Orphenadrine 100 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Page 65. Muscle relaxants Page 63-65. Decision based on Non-MTUS Citation FDA Orphenadrine <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at

therapeutic doses of Orphenadrine. The injury date was 7/31/2012. The visit note dated November 24, 2014 documented pain in bilateral wrists and hands. The 11/24/14 is the latest progress report in the submitted medical records. Updated progress reports were not in the submitted medical records. The request for authorization (RFA) was dated 5/5/15. Without updated progress reports, the request for Orphenadrine is not supported. Therefore, the request for Orphenadrine is not medically necessary.

Lyrica 200 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS) page 16-20. Pregabalin (Lyrica) pages 19-20. Decision based on Non-MTUS Citation FDA Lyrica
http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/021446s026,022488s0051bl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lyrica (Pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The injury date was 7/31/2012. The visit note dated November 24, 2014 documented pain in bilateral wrists and hands. The 11/24/14 is the latest progress report in the submitted medical records. Updated progress reports were not in the submitted medical records. The request for authorization (RFA) was dated 5/5/15. Without updated progress reports, the request for Lyrica is not supported. Therefore, the request for Lyrica is not medically necessary.