

<b>Case Number:</b>	CM15-0132857		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 52 year old, female who sustained a work related injury on 1/5/12. The diagnoses have included cervical/trapezial musculoligamentous strain/sprain, myofascial pain syndrome, multilevel cervical disc desiccation, lumbar musculoligamentous strain/sprain, right lower extremity radiculitis, right sacroiliac joint sprain, and left shoulder periscapular strain with bursitis, supraspinatus tendinosis and acromioclavicular degenerative joint disease. Treatments have included aqua therapy, acupuncture, TENS unit therapy, cervical epidural steroid injections, lumbar epidural steroid injections and medications. In the PR-2 dated 6/1/15, the injured worker complains of left shoulder pain with popping and weakness. She has increased symptoms with raising left arm at or above shoulder. She has crepitus present. She complains of neck pain. She complains of low back pain with stiffness and radiating pain to leg. She has tenderness to palpation over subacromial region, acromioclavicular joint, supraspinatus tendon and periscapular muscles in left shoulder. Impingement test is positive. She has decreased range of motion in left shoulder. Motor strength is #8536; with passive ranging in flexion and abduction. She has tenderness to palpation with spasm over lumbar paravertebral muscles. She has a positive straight leg raise. She has decreased range of motion in lumbar spine. She is having difficulty with sleep due to pain. She states current use of muscle relaxant and pain medications allow for the performance of activities of daily living and her home exercise program. She is not working. The treatment plan includes a refill of Norco, a medication change from Fexmid to Zanaflex and awaiting authorization for home health assistance. The requested treatment of Colace is not noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Antispasticity/Antispasmodic drugs Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine (Zanaflex) Page(s): 63, 66.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. Per the CA MTUS guidelines, Zanaflex is a muscle relaxant used as a second-line option for the short-term treatment of acute exacerbations in patients with chronic LBP. According to the guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has reported lumbar spasm on review of symptoms and tenderness to palpation on physical exam, but the guideline criteria do not support the long-term use (>2 wks) of muscle relaxants. In addition, there is no documentation of a maintained increase in function or decrease in pain with other muscle relaxants. Medical necessity for the requested medication has not been established. The requested Zanaflex is not medically necessary.

**Zanaflex 2 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Antispasticity/Antispasmodic drugs Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-65, 111.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. Per the CA MTUS guidelines, Zanaflex is a muscle relaxant used as a second-line option for the short-term treatment of acute exacerbations in patients with chronic LBP. According to the guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has reported lumbar spasm on review of symptoms and tenderness to palpation on physical exam, but the guideline criteria do not support the long-term use (>2 wks) of muscle relaxants. In addition,

there is no documentation of a maintained increase in function or decrease in pain with other muscle relaxants. Medical necessity for the requested medication has not been established. The requested Zanaflex is not medically necessary.

**Colace 100 mg (unspecified qty): 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. Colace is a stimulant laxative and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, the patient continues to be maintained on opioids, which would necessitate a prophylactic medication for constipation. However, there is no requested specified quantity for this medication. Therefore, the requested medication is not medically necessary.

**Home Health assistance, 4 hrs a day, 3 days a wk for 6 wks, 72 hrs total: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** Per CA MTUS guidelines, Home Health Services are "recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." There is insufficient documentation that the patient is homebound. The provider is requesting the home health assistance for cleaning her house. Since she is not homebound and this treatment does not include homemaker services, such as cleaning, the requested treatment of home health assistance is not medically necessary.

**Donut pillow (retrospective dispensed 6/8/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** A number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of musculoskeletal injuries and other medical conditions. In this case, it is unclear why the donut pillow was requested. Medical necessity of the requested item has not been established. The requested item is not medically necessary.