MAXIMUS Federal Services

Case Number:	CM15-0136627		
Date Assigned:	07/24/2015	Date of Injury:	06/25/2012
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: Family Practice

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 49-year-old female who sustained an industrial/work injury on 6/25/12. She reported an initial complaint of pain to back, neck, shoulders, wrist, knees, and hands. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain, shoulder adhesive capsulitis, and knee and leg sprain/stain. Treatment to date includes medication. Currently, the injured worker complained of sharp lumbar pain that radiated down the legs. Per the primary physician's report (PR-2) on 6/2/15, exam reported limited range of motion, tenderness to palpation. Current plan of care included chiropractic treatment, pain management, and follow up. The requested treatments include Tylenol number 3, 300-30mg and Zanaflex 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol number 3, 300-30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Acetaminophen (APAP), Opioids Page(s): 34, 11, 74-96.

Decision rationale: According to the MTUS guidelines, Codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Codeine is in the class of opioids and per the MTUS guidelines, opioids may be continued if there has been improvement in pain and function. In this case, the medical records do not establish subjective or objective functional improvement from the ongoing use of this medication. The request for Tylenol number 3, 300-30mg #60 is not medically necessary and appropriate.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

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

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatories (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records note that muscle relaxants have been prescribed for an extended period of time. The long term use of muscle relaxants is not supported by the MTUS guidelines. The request for Zanaflex 4mg #60 is not medically necessary and appropriate.