MAXIMUS Federal Services

Case Number:	CM15-0143537		
Date Assigned:	08/04/2015	Date of Injury:	11/09/2007
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, 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:

This 54-year-old man sustained an industrial injury on 11-9-2007. The mechanism of injury is not detailed. Evaluations include a cervical spine MRI dated 6-8-2015 that revealed facet arthropathy, degenerative changes and post surgical changes. Diagnoses include cervical spondylosis with facet arthropathy, multilevel cervical degenerative disc disease, complex regional pain syndrome, and situational depression. Treatment has included oral medications, physical therapy, home exercise program, functional restoration program, step-down program, and surgical intervention. Physician notes dated 6-12-2015 show complaints of neck pain with headaches, left shoulder pain, anxiety, and depression. The worker rates his pain 10 out of 10 without medications and 7-8 out of 10 with medications. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and muscle spasm. Recommendations include Morphine ER, Norco, Tizanidine, Medrol dose pack, Laxacin, Miralax, relaxation techniques, cervical medial branch blocks, transportation to and from the surgery center, and follow up in one to two weeks. The patient's surgical history includes cervical spine fusion in April 2009, cervical nerve root block in 2012; the patient had received an unspecified number of the PT and CPP visits for this injury. The medication list includes Morphine ER, Norco, Tizanidine, Medrol dose pack, Laxacin, Miralax, Lexapro, Abilify, and Clonazepam. The patient sustained the injury due to cumulative trauma. The patient has had UDS on 2/20/15 that was consistent for Morphine and inconsistent for Trazodone. The patient has had UDS on 5/20/15 and this detailed report was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120: Overturned

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 ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

Decision rationale: Request Tizanidine 4mg #120According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." Evaluations include a cervical spine MRI dated 6-8-2015 that revealed facet arthropathy, degenerative changes and post surgical changes. Diagnoses include cervical spondylosis with facet arthropathy, multilevel cervical degenerative disc disease, complex regional pain syndrome, and situational depression. Physician notes dated 6-12-2015 show complaints of neck pain with headaches, left shoulder pain, anxiety, and depression. The worker rates his pain 10 out of 10 without medications and 7-8 out of 10 with medications. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and muscle spasm. The patient's surgical history include cervical spine fusion in April 2009, cervical nerve root block in 2012There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The prescription of a non-sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Tizanidine 4mg #120 is medically appropriate and necessary in this patient at this time.

Norco 10/325mg #60: Overturned

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, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #60Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain

control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain..." Evaluations include a cervical spine MRI dated 6-8-2015 that revealed facet arthropathy, degenerative changes and post surgical changes. Diagnoses include cervical spondylosis with facet arthropathy, multilevel cervical degenerative disc disease, complex regional pain syndrome, and situational depression. Physician notes dated 6-12-2015 show complaints of neck pain with headaches, left shoulder pain, anxiety, and depression. The worker rates his pain 10 out of 10 without medications and 7-8 out of 10 with medications. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and muscle spasm. The patient's surgical history include cervical spine fusion in April 2009, This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg #60 is medically necessary and appropriate in this patient.

Medrol - Dosepak 4mg #1: 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 Page 37 CRPS, medications Chapter: Pain (updated 07/15/15) Medrol dose pack See Oral corticosteroids. Oral corticosteroids.

Decision rationale: Medrol – Dose pak 4mg #1. Official Disability Guidelines Treatment in Workers' Comp., online Edition MTUS state guideline does not specifically address this issue. Hence ODG used. Medrol (methylprednisolone) dose pak contains a corticosteroid used to treat and control inflammation associated with arthritis and other conditions. MTUS state guideline does not specifically address this issue. Hence ODG used. Per the cited guidelines cited below, oral corticosteroids are "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." Therefore, there is no high grade scientific evidence to support the use of oral corticosteroids like medrol dose pack for this diagnosis. Response to other pharmacotherapy including NSAIDs for pain is not specified in the records provided. The medical necessity of the request for Medrol – Dose pak 4mg #1 is not medically necessary for this patient.