

Case Number:	CM15-0162051		
Date Assigned:	08/26/2015	Date of Injury:	02/05/2004
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 2-5-2004. She reported repetitive use injury to the right shoulder and right wrist. Diagnoses include cervical pain, right upper extremity Chronic Regional Pain Syndrome (CRPS), muscle spasm and depression. Treatments to date include activity modification, wrist brace, medication therapy, psychological therapy, Botox injections, joint cortisone injections and physical therapy. Currently, she reported improvement in cervical pain and decreased headaches from a Botox injection administered on 6-24-15. On 7-13-15, the physical examination documented decreased cervical muscle spasm, decreased right upper extremity strength with decreased right upper extremity range of motion. The patient has had positive Tinel signs. There was allodynia in the right upper extremity noted as unchanged. The plan of care included Zanaflex 2mg, one to two tablets before bed #60; MSIR 15mg, one every six to eight hours, #90; and Gabapentin 600mg one every eight hours #45. The patient sustained the injury due to repetitive work. The patient has had history of muscle spasm and depression. The patient has had UDS on 3/3/15 that was positive for morphine and Tenazepam and was consistent. The patient's surgical history includes right shoulder surgery in 1/16/2009. The patient had received an unspecified number of PT visits for this injury. The medication list includes Gabapentin, Tizanidine, Temazepam, Fluoxetine, Opana, Atarax and Morphine. The patient has had an MRI of the right shoulder in 2007 that revealed tendinopathy and EMG of upper extremity in 2009 that was normal; MRI of the cervical spine in 2007 that revealed degenerative changes. Physical examination on 8/13/15 revealed limited range of motion of shoulder, positive tine sign, 4/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, 1-2 every night at bedtime #60/ 30 days: Overturned

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

Decision rationale: Request: Zanaflex 2mg, 1-2 every night at bedtime #60/ 30 days. According 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". She reported repetitive use injury to the right shoulder and right wrist. Diagnoses include cervical pain, right upper extremity Chronic Regional Pain Syndrome (CRPS), muscle spasm and depression. On 7-13-15, the physical examination documented decreased cervical muscle spasm, decreased right upper extremity strength with decreased right upper extremity range of motion. The patient has had positive Tinel signs. The patient has had history of muscle spasm and depression. The patient's surgical history includes right shoulder surgery in 1/16/2009. The patient has had an MRI of the right shoulder in 2007 that revealed tendinopathy; MRI of the cervical spine in 2007 that revealed degenerative changes. Physical examination on 8/13/15 revealed limited range of motion of shoulder, positive tine sign, 4/5 strength. There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The quantity of tizanidine/zanaflex tablets requested (60) is small. The prescription of small quantity of a non sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Zanaflex 2mg, 1-2 every night at bedtime #60/ 30 days is medically appropriate and necessary in this patient at this time.

MSIR 15mg, 1 every 6-8 hours as needed, #90/ 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 74- 75, 78, 124.

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: MSIR 15mg, 1 every 6-8 hours as needed, #90/ 30 days. Norco 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". The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. 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 nonopioid means of pain control; Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) without the use of MSIR 15mg was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MSIR 15mg, 1 every 6-8 hours as needed, #90/ 30 days is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms and therefore is not medically necessary.

Gabapentin 600mg, 1 every 8 hours, #90/ 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, page 18.

Decision rationale: Gabapentin 600mg, 1 every 8 hours, #90/ 30 days. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Spinal cord injury: Recommended as a trial for chronic neuropathic pain, "Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit? This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid". She reported repetitive use injury to the right shoulder and right wrist. Diagnoses include cervical pain, right upper extremity Chronic Regional Pain Syndrome (CRPS), muscle spasm and depression. Currently, she reported improvement in cervical pain and decreased headaches from a Botox injection administered on 6-24-15. On 7-13-15, the physical examination documented decreased cervical muscle spasm, decreased right upper extremity strength with decreased right upper extremity range of motion. The patient has had positive Tinel signs. The

patient sustained the injury due to repetitive work. The patient has had history of muscle spasm and depression. The patient's surgical history includes right shoulder surgery in 1/16/2009. The patient has had an MRI of the right shoulder in 2007 that revealed tendinopathy; MRI of the cervical spine in 2007 that revealed degenerative changes. Physical examination on 8/13/15 revealed limited range of motion of shoulder, positive tine sign, 4/5 strength. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 600mg, 1 every 8 hours, #90/ 30 days in patients with this clinical situation therefore the request is medically necessary.