

Case Number:	CM15-0181245		
Date Assigned:	09/22/2015	Date of Injury:	03/21/2015
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 47 year old female with a date of injury of March 21, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right upper extremity paresthesias in a C5-6 pattern, right shoulder pain, cervical spine spasm and loss of curvature, cervical spine pain, mild degenerative disc disease of the cervical spine, stress, anxiety, and insomnia. Medical records dated August 3, 2015 indicate that the injured worker complains of neck pain rated at a level of 8 out of 10 that radiates down to the right shoulder, arm, and wrist with associated numbness and tingling, and right shoulder pain rated at a level of 9 out of 10 that radiates to the neck into the right arm and down to the wrist with associated numbness and tingling. Records also indicate the injured worker has difficulties with activities of daily living such as grooming and dressing, as well as difficulties seeing, writing, standing, walking, sitting, bending, and lifting. The physical exam reveals loss of cervical lordosis, holding the neck in a locked position, shoulder pain with range of motion of the cervical spine with paresthesias down to the hand, poor grip strength, guarding of the cervical spine, tipping of the head to the affected side, and positive Spurling's test on the right. Per the treating physician (August 3, 2015), the employee has returned to work at a different employer. Treatment has included x-rays of the cervical spine and right shoulder. The original utilization review (August 24, 2015) non-certified a request for Zorvolex 35mg #30 with one refill and partially certified a request for Zanaflex 4mg #30 (original request for Zanaflex 4mg #30 with one refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg quantity 30 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The request is indicated for the injured worker's right shoulder and neck pain. I respectfully disagree with the UR physician's denial based upon the assertion that diclofenac is not a first line NSAID. They are quoting ODG when there is no issue in MTUS with the request. The request is medically necessary.

Zanaflex 4mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Zanaflex. The documentation submitted for review indicates that the injured worker has been using this medication since at least 8/2015. As the guidelines recommended muscle relaxants for short-term use only, the request for two-month supply is not appropriate. The request is not medically necessary.