

Case Number:	CM15-0183781		
Date Assigned:	09/24/2015	Date of Injury:	09/22/1997
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, 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 is a 53 year old female with a date of injury on 9-22-1997. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, opioid dependence, brachial plexus lesions, mononeuritis of unspecified site, cervicgia and brachial neuritis-radiculitis. According to the progress report dated 8-12-2015, the injured worker was seen for a recheck. She was noted to have been in MRT, a Brain Treatment Center and had been able to reduce to the prescribed dose of Actiq. She rated her pain as four to five out of ten. The physical exam (5-6-2015) revealed guarded, stiff movements and limited mobility. Posture was altered due to internal rotation of the right shoulder. Treatment has included medications. The request for authorization dated 8-24-2015 was for Temazepam, Zanaflex, Senokot-S, Lyrica and Ondansetron. The original Utilization Review (UR) (8-31-2015) denied requests for Zanaflex, Temazepam and Ondansetron. Utilization Review certified requests for Senokot-S and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 with 2 refills: 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: According to the MTUS guidelines, Zanaflex 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. 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 NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was prescribed Zanaflex for an unknown length of time. Prolonged use is not recommended. Spasms were not noted. Therefore, Zanaflex with 3 additional refills is not medically necessary.

Temazepam 30mg #30 with 2 refills: 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): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant was already prescribed a muscle relaxant. In addition, specific application and prior length of use was not substantiated. The Temazepam with 2 months refills is not medically necessary.

Ondansetron 8mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Anti-emetics (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and anti-emetics and pg 14.

Decision rationale: According to the ODG guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Ondansetron is not medically necessary.