

Case Number:	CM15-0186760		
Date Assigned:	10/21/2015	Date of Injury:	06/10/1997
Decision Date:	12/07/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/22/2015

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: Emergency Medicine

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 63 year old female, who sustained an industrial injury on 6-10-97. The injured worker is diagnosed with occipital neuropathy-neuralgia, cervical spine musculotendinologamentous injury, cervical spine disc bulging disc and radiculopathy, bilateral scapula-thoracic musculo-tendinous injury, bilateral impingement syndrome, bilateral rotator cuff tear, acromioclavicular sprain-strain and bilateral shoulder musculotendinologamentous injury. Notes dated 6-11-15 and 9-3-15 reveals the injured worker presented with complaints of intermittent neck and bilateral upper extremity pain rated at 7-9 out of 10. She reports symptoms of migraine headaches and grinding when she turns her head. She reports she is unable to tolerate work activities. Physical examinations dated 5-14-15, 6-11-15 and 9-3-15 states no change from last examination. She has an altered gait, there is loss of cervical spine lordosis and the lumbar spine is with loss of normal curvature. There is pain in the scars from the ulnar nerve surgeries and swelling in her fingers. Treatment to date has included medications; Norco, MS Contin, Celebrex (discontinued due to side effects), Fosamax (5-2015), Tizanidine (5-2015), Propranolol, Pyridoxine Vitamin B6 and Gabapentin, which are helping per note dated 9-3-15, home exercises, heat and surgical intervention. Diagnostic studies include left shoulder and neck MRI and left shoulder x-rays. A request for authorization dated 9-8-15 for Fosamax 25 mg #34 and Zanaflex 4 mg #60 is non-certified, per Utilization Review letter dated 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fosamax 25mg #34: 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): Bisphosphonates.

Decision rationale: As per MTUS chronic pain guidelines, bisphosphonates like fosamax are only recommend treatment of bone resorption with bisphosphonate-type compounds as an option for patients with CRPS Type I. Not recommended for other chronic pain conditions. It is also used in osteoporosis. Provider has failed to document any justification for patient being on this medication anywhere in progress notes. Patient does not have a diagnosis of osteoporosis or CRPS 1. Not medically necessary.

Zanaflex 4mg #60: 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: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is documentation of improvement in spasms. However, patient has been on this medication chronically and the number of tablets requested is not appropriate. Tizanidine is not medically necessary.