

Case Number:	CM15-0201314		
Date Assigned:	10/16/2015	Date of Injury:	08/27/2003
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old female, who sustained an industrial injury on 8-27-2003. The injured worker is undergoing treatment for cervical sprain, adhesive capsulitis and epicondylitis. Medical records dated 9-30-2015 indicate the injured worker complains of neck, shoulder and axillary pain described as sharp, burning and pressure. She also reports back, arm, wrist and hand pain and left leg and right hand numbness. The treating physician indicates Vimovo allows her to function, cook, get out of the house and walk 4 days a week. Without the medication there is an increase of pain, swelling and she is much more sedentary." Physical exam dated 9-30-2015 notes euthymic affect and antalgic gait. Subjective and objective exam is unchanged from 8-5- 2015 note. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, Vimovo, Gabapentin, Tizanidine, Cymbalta, naproxen and Duexis. The original utilization review dated 10-7-2015 indicates the request for Gabapentin 300mg #240 is certified and Vimovo 500-20mg #120 and Tizanidine 2mg #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20mg quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Medications - compounded.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Vimovo is composed of naproxen and esomeprazole. Naproxen is used as first line treatment but long-term use is not warranted. Although there is mild functional improvement demonstrated in the exam note from 8/5/15 the continued use of Naproxen is not warranted, as the guidelines recommend against long-term use. Therefore, determination is not medically necessary.

Tizanidine 2mg quantity 120: 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 CA MTUS Chronic Pain Medical Treatment Guidelines, page 66, 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. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, the patient does not have a diagnosis of spasticity, myofascial pain or fibromyalgia. Thus, the recommendation is for not medically necessary.