

Case Number:	CM15-0205443		
Date Assigned:	10/22/2015	Date of Injury:	04/23/2011
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic shoulder, elbow, and forearm pain reportedly associated with an industrial injury of April 23, 2011. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for Zanaflex and Vicoprofen. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing complaints of shoulder, wrist, and elbow pain, 6/10. The applicant's pain complaints were constant, throbbing, and burning, it was reported. 8/10 pain without medications versus 6/10 with medications was noted in another section of the note. The applicant was not working, it was stated toward the top of the note. The applicant was using Vicoprofen, Zanaflex, Motrin, metformin, Topamax, and Maxalt, it was reported. Several of the same were refilled. The applicant's permanent work restrictions were renewed, which the treating provider acknowledged the applicant's employer was unable to accommodate. The attending provider stated toward the bottom of the note that the applicant had worsening "functional limitations."

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #15 1 tab at bedtime as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: No, the request for Zanaflex, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, here, however, the attending provider stated on September 23, 2015 that the applicant's primary pain generators were the elbow and forearm. There was no mention of the applicant's having issues with back pain for which Zanaflex could be considered for unlabeled use purposes. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, it was reported on September 23, 2015. The applicant's pain complaints were worsening. The applicant's functional limitations were likewise worsening, the treating provider reported on that date. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Vicoprofen, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Vicoprofen 7.5/200mg #25 1 four times a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Similarly, the request for Vicoprofen, an amalgam of hydrocodone and ibuprofen, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicoprofen is recommended only for short-term use purposes, generally less than 10 days. Here, thus, the renewal request for 25 tablets of Vicoprofen at a rate of 4 times a day was at odds with page 92 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.