

Case Number:	CM15-0023208		
Date Assigned:	02/12/2015	Date of Injury:	08/30/2009
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 08/30/2009. She has reported subsequent right shoulder pain and was diagnosed with status post right shoulder surgery and right shoulder adhesive capsulitis and impingement syndrome. Treatment to date has included oral pain medication, surgery and physical therapy. In a progress note dated 12/11/2014, the injured worker complained of continued right shoulder pain that was rated as 7-8/10 without pain medication and 4/10 with medication. Objective physical examination findings were notable for visible muscle shaking to the right upper extremity with exercises due to profound weakness. A request for authorization of Norco and Tizanidine refills was made. On 02/02/2015, Utilization Review non-certified requests for Norco and Tizanidine HCL, noting that Tizanidine should not be used on a long term basis and that there was no evidence of clinical efficacy of Norco for the injured worker. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg, One by Mouth Two Times a Day, Not to Exceed Two In 24 Hours (Prescribed 1-19-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine - 66 (Zanaflex).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Xanaflex. MTUS guidelines state the following: 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. 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. The medications is not recommended for long-term usage. According to the clinical documentation provided and current MTUS guidelines; Xanaflex is not indicated as a medical necessity to the patient at this time.

Norco 10/325mg, One by Mouth Every 4-6 Hours as Needed for Pain, Not to Exceed Five In 24 Hours (Prescribed 1-19-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.