

Case Number:	CM15-0030349		
Date Assigned:	02/24/2015	Date of Injury:	01/13/2010
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female injured worker who sustained an industrial injury on January 13, 2010. She has reported injuries to the cervical spine, thoracic spine, lumbar spine and left knee. The diagnoses have included neck pain, thoracic spine pain, lumbar pain, left knee pain, depression/anxiety, chronic left C5 radiculopathy and mild right carpal tunnel syndrome. Treatment to date has included diagnostic studies, surgery, psychotherapy and medications. On January 13, 2015, the injured worker complained of chronic neck pain and upper extremity pains. She reported her pain level to be a 7 on a 1-10 pain scale at average. Her medication helps to reduce the pain. Physical examination revealed limited range of motion of the cervical spine with increased pain at end range. She continues to have significant tenderness to palpation of the cervical spine paraspinal muscles as well as the upper trapezius muscles. On February 3, 2015, Utilization Review non-certified Norco 10/325mg #120, Cymbalta 30mg #90, Zanaflex 4mg #60 and Flexeril 10mg #30, noting the CA MTUS and Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325mg #120, Cymbalta 30mg #90, Zanaflex 4mg #60 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78, 91.

Decision rationale: I respectfully disagree with the UR physician. While the progress note dated January 31, 2015 does indicate that the injured employee was previously prescribed Percocet, this medication was unable to be filled at the pharmacy. As such, the injured employee has not receiving both Percocet and Norco at the same time. The injured employee was temporarily provided tramadol at the clinic, which is stated to objectively reduce the injured employee's pain and improve function without any side effects or aberrant behavior. Therefore, this apparently is the initial prescription for Norco, and was medically necessary at the time to help with the injured employs chronic neck and upper extremity pain.

Retro Cymbalta 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRI Page(s): 43, 105.

Decision rationale: I respectfully disagree with the UR physician. The injured employee has complaints of cervical spine pain with upper extremity radicular symptoms. There are also EMG testing results which indicate a C5 radiculopathy. Furthermore, the injured employee has been diagnosed with depression and anxiety. Considering that Cymbalta is indicated for both neuropathic pain as well as depression and anxiety, this request for Cymbalta is medically necessary.

Retro Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: Per MTUS CPMTG p66 "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." The note dated February 19, 2015 does indicate that the injured employee has relief of musculoskeletal pain with the usage of Zanaflex. I respectfully disagree with the UR

physician, this class of medication is often used for the treatment of musculoskeletal conditions whether spasm is present or not. The request for Zanaflex is medically necessary.

Retro Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain and also has a concurrent prescription for Zanaflex. Therefore, the requested treatment is not medically necessary.