

Case Number:	CM15-0038607		
Date Assigned:	03/09/2015	Date of Injury:	04/18/2012
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 47-year-old female, who sustained an industrial injury on April 18, 2012. The injured worker had reported injuries to the head, back, bilateral shoulders, bilateral arms, bilateral hands, right hip, bilateral legs, right knee and feet. The diagnoses have included bilateral shoulder impingement with adhesive capsulitis, bilateral lateral epicondylitis, bilateral forearm tendinitis, left radial tunnel syndrome, status post bilateral carpal tunnel releases with ulnar nerve decompression at the wrists, right lower extremity complex regional pain syndrome and right foot/ankle pain. Treatment to date has included medications, radiological studies, physical therapy, an intrathecal pump, psychological treatment, psychotropic medication, pain injections, nerve blocks and surgery. Current documentation dated January 26, 2015 notes that the injured worker complained of bilateral lower extremity pain, bilateral upper extremity pain, head pain and right knee pain. Physical examination of the bilateral wrists revealed tenderness about the carpal area and a decreased range of motion. Testing included a positive Tinel's sign, Phalen's sign and carpal compression test. Examination of the lumbar spine revealed tenderness, spasms and guarding was noted. Range of motion was decreased. Examination of the right lower extremity revealed tenderness, a mottled appearance, swelling and a decreased range of motion. On February 13, 2015 Utilization Review non-certified a request for Ativan 1 mg, #30 with three refills, Imitrex 50 mg, # 60 with three refills and Tizandine 4 mg, # 90 with three refills. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The 2/13/15 Utilization Review letter states the 30 Ativan 1mg with 3 refills requested on the 1/26/15 medical report was denied because this is a benzodiazepine and the patient has been using it since November 2013, and MTUS does not recommend use of benzodiazepines over 4 weeks. According to the 1/26/15 orthopedic report, the patient presents with 7-8/10 bilateral lower and upper extremity pain, and 6/10 head pain. She takes Lyrica, tizanidine, OxyContin, oxycodone, Imitrex, and Ativan which she states are all helping She attends physical therapy that is helping but she is not working. The diagnoses are listed as: Right lower extremity complex regional pain syndrome, s/p Jones fracture fixation; Depression; Bilateral shoulder bursitis due to crutch use; s/p bilateral carpal tunnel release secondary to crutch use; lumbar strain compensatory; s/p morphine pump placement 4/2014. The plan was to continue pain management with a different physician, but the orthopedist prescribes Ativan, Imitrex, and tizanidine. Ativan or lorazepam is a benzodiazepine drug. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The records show the patient has been using Ativan since at least 9/30/14. Continued use of a benzodiazepine over 4 weeks is not in accordance with MTUS guidelines. The request for 30 Ativan 1mg with 3 refills, IS NOT medically necessary.

Imitrex 50 mg, sixty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, Triptans.

Decision rationale: The 2/13/15 Utilization Review letter states the 60 Imitrex 50mg with 3 refills requested on the 1/26/15 medical report was denied because the records discuss burning pain in the head, but not headaches or migraine headaches. According to the 1/26/15 orthopedic report, the patient presents with 7-8/10 bilateral lower and upper extremity pain, and 6/10 head pain. She takes Lyrica, tizanidine, OxyContin, oxycodone, Imitrex, and Ativan which she states are all helping she attends physical therapy that is helping but she is not working. The diagnoses are listed as: Right lower extremity complex regional pain syndrome, s/p Jones fracture fixation; Depression; Bilateral shoulder bursitis due to crutch use; s/p bilateral carpal tunnel release secondary to crutch use; lumbar strain compensatory; s/p morphine pump placement 4/2014. The

plan was to continue pain management with a different physician, but the orthopedist prescribes Ativan, Imitrex, and tizanidine. Imitrex or sumatriptan is in the triptan drug class. MTUS/ACOEM does not discuss Imitrex, so ODG-TWC guidelines were consulted. ODG-TWC guidelines, Head chapter for Imitrex refers readers to the section on Triptans which state: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. In this case, there is no discussion of headaches, and specifically no diagnosis of Migraine headaches. There is no discussion of frequency or duration of headaches or efficacy with use of Imitrex. The reporting is not consistent with ODG guidelines recommendation for use of Imitrex. The request for 60 Imitrex 50mg with 3 refills IS NOT medically necessary.

Tizanidine 4 mg, ninety count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Muscle Relaxants Page(s): 66, 8-9.

Decision rationale: The 2/13/15 Utilization Review letter states the 90 Tizanidine 4mg with 3 refills requested on the 1/26/15 medical report was denied because the patient has been using this medication since November 2012 without any decrease in pain or improvement in function. According to the 1/26/15 orthopedic report, the patient presents with 7-8/10 bilateral lower and upper extremity pain, and 6/10 head pain. She takes Lyrica, tizanidine, OxyContin, oxycodone, Imitrex, and Ativan which she states are all helping she attends physical therapy that is helping but she is not working. The diagnoses are listed as: Right lower extremity complex regional pain syndrome, s/p Jones fracture fixation; Depression; Bilateral shoulder bursitis due to crutch use; s/p bilateral carpal tunnel release secondary to crutch use; lumbar strain compensatory; s/p morphine pump placement 4/2014. The plan was to continue pain management with a different physician, but the orthopedist prescribes Ativan, Imitrex, and tizanidine. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1, 3, and 6 months out. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines do offer some support for use of tizanidine for back pain, myofascial pain or fibromyalgia. However, MTUS also states the goal of all therapies is functional restoration rather than just elimination of pain, and that this is accomplished by reporting functional improvement. MTUS guidelines do not recommend continuing treatment that is not producing a satisfactory response. In this case, the patient has been shown to be using tizanidine since at least 9/30/14, and there is no discussion of relief of pain, decreased spasms, or improvement in function. The continued use of tizanidine without documented functional improvement is not in accordance with MTUS guidelines. The request for 90 Tizanidine 4mg with 3 refills IS NOT medically necessary.