

<b>Case Number:</b>	CM15-0047191		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/01/1997
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Florida, 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 injured worker is a 59 year old female who sustained an industrial injury on 4/1/1997. Recently she reported severe radiating neck pain to the right shoulder and radiating low back pain to the bilateral lower extremities, on medications. The injured worker has been diagnosed with, and/or impressions were noted to include, chronic pain; status-post cervical spine fusion and laminectomy; left knee pain; status-post left knee surgery; myositis/myalgia; occipital neuralgia; complex regional pain syndrome bilateral upper extremities; and status-post spinal cord stimulator implant with consistent benefit. Treatments to date have included consultations; insomnia evaluation testing; magnetic resonance imaging lumbar (1/8/03 & 10/2/07), cervical (11/2/06); Torodol injection therapy; and medication management. The medical records note she is currently not working and that the treatment plan included Tizanidine as needed for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Tizanidine 2mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 64 of 127.

**Decision rationale:** Regarding muscle relaxants like Tizanidine, also known as Zanaflex, the MTUS recommends 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). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that 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 request is not medically necessary.

**Fenoprofen Calcium Cap 400mg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

**Decision rationale:** The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. The request is not medically necessary.

**Apap/codeine Phosphate 300/30mg, Qty: 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare

to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

**Submitted diagnosis of left knee pain, CRPS bilateral Upper extremities and occipital neuralgia, as outpatient between 02/02/2015 and 03/19/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4600 (a).

**Decision rationale:** On reviewing the actual medical record documents, it appears on the IMR application that the previous treatments were being appealed FOR the submitted diagnosis of left knee pain, CRPS of the bilateral upper extremities and occipital neuralgia. It was not actually a treatment that was denied and required IMR appeal review, but just a description of the claimant's diagnoses. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. A diagnosis citation alone is not a medical service. Administratively, this portion of the appeal is not medically necessary.