

Case Number:	CM15-0056448		
Date Assigned:	04/01/2015	Date of Injury:	07/20/2001
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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 66-year-old male, who sustained an industrial injury on July 20, 2001. He reported a neck and back injuries. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion of cervical 5-6 with degenerative disc disease at cervical 3-4 and cervical 6-7, status post left shoulder arthroscopy with residuals, and status post lumbar fusion at lumbar 4-5 and lumbar 5-sacral 1. Treatment to date has included x-rays, MRI, work modifications, pool therapy, a left shoulder blade injection, a lower back injection, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, heat/ice, rest, and pain and muscle relaxant medications. On February 5, 2015, the injured worker complains of ongoing low back pain, stiffness and pain of the neck, and intermittent shoulder pain. He uses his pain and muscle relaxant medications for acute exacerbation and not on a daily basis. The physical exam revealed slight tenderness of the lower lumbar paravertebral musculature, decreased range of motion, and negative bilateral straight leg raise. There was a well-healed cervical spine surgical incision, decreased cervical range of motion, globally intact upper extremity strength, and full range of motion of the left shoulder. The treatment plan includes pain and muscle relaxant medications, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 2mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Tizanidine, Medications for chronic pain Page(s): 66, 60.

Decision rationale: The patient presents on 02/05/15 with unrated lower back pain, unrated neck pain with stiffness, and unrated intermittent unspecified shoulder pain. The patient's date of injury is 07/20/01. Patient is status post anterior cervical discectomy and fusion of C5/6 with degenerative disc disease noted at C3/4 and C6/7 at a date unspecified. Patient is also status post left shoulder arthroscopy, and status post lumbar fusion at L4-5 and L5-S1 at dates unspecified. The request is for 1 prescription of Zanaflex 2mg #30 with 2 refills. The RFA is dated 02/11/15. Physical examination dated 02/05/15 reveals tenderness to palpation of the lower lumbar paraspinal musculature with reduced lumbar range of motion in all planes, and a well healed cervical surgical incision with normal range of motion in the cervical spine. The patient is currently prescribed Zanaflex and Tylenol 3. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66 states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain." In regard to the request for Zanaflex (Tizanidine), this patient has been taking this medication since at least 11/06/14. Addressing efficacy, progress note dated 02/05/15 states: "he notes functional improvement and pain relief with the adjunct of the medications", though does not specifically address which medication relieves which symptoms, or provide specific functional improvements/pain scales. The MTUS guidelines support the usage of Tizanidine, which is allowed for treatment of myofascial pain, low back pain and fibromyalgia conditions. Given the patient's continued myofascial pain and lower back pain and documentation of medication efficacy, the requested Zanaflex is medically necessary.

1 prescription of Tylenol w/ Codeine No. 3 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/05/15 with unrated lower back pain, unrated neck pain with stiffness, and unrated intermittent unspecified shoulder pain. The patient's date of injury is 07/20/01. Patient is status post anterior cervical discectomy and fusion of C5/6 with degenerative disc disease noted at C3/4 and C6/7 at a date unspecified. Patient is also status post

left shoulder arthroscopy, and status post lumbar fusion at L4-5 and L5-S1 at dates unspecified. The request is for 1 prescription of Tylenol w/ codeine no. 3 with 2 refills. The RFA is dated 02/11/15. Physical examination dated 02/05/15 reveals tenderness to palpation of the lower lumbar paraspinal musculature with reduced lumbar range of motion in all planes, and a well healed cervical surgical incision with normal range of motion in the cervical spine. The patient is currently prescribed Zanaflex and Tylenol 3. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior- as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In regard to the request for Tylenol 3 for this patient's chronic pain, the treating physician has not provided adequate documentation to continue its use. This patient has been receiving Tylenol 3 since at least 11/06/14. Progress note dated 02/05/15 states: "he notes functional improvement and pain relief with the adjunct of the medications." The requesting provider does not specifically address which medication relieves which symptoms, or provide specific functional improvements or pain scales. Such vague statements do not satisfy MTUS requirements of pain reduction via a validated instrument or numerical scale, nor is there adequate documentation activity specific functional improvements. Progress note dated 02/05/15 discusses a urine drug screen collected point of care, though does not provide discussion of previous consistent drug screens or a lack of aberrant behavior. The provided documentation does not satisfy the 4A's as required by MTUS to substantiate continued use of this medication. The request is not medically necessary.