

Case Number:	CM14-0125355		
Date Assigned:	08/11/2014	Date of Injury:	12/15/2008
Decision Date:	10/16/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 54 year-old female was reportedly injured on 12/15/2008. The mechanism of injury is noted as a motor vehicle accident while the claimant was working in a snowplow. The most recent progress note, dated 9/4/2014, indicates that there were ongoing complaints of neck pain and intermittent transitory arm pain. Physical examination demonstrated tenderness over the cervical/thoracic paraspinal with spasming of the thoracic and interscapular region; normal tendon reflexes 2+ bilaterally to biceps, triceps and brachioradialis; no motor function deficits in the upper extremities; no abnormalities noted with gait and station. MRI the cervical spine shows evidence of cervical stenosis and disk protrusion (MRI report not available for this independent medical review). Diagnosis: cervical spondylosis without myelopathy. Previous treatment includes cervical epidural steroid injection, facet injections, physical therapy, and medications to include Flexeril, Fioricet, Relafen, Zanaflex, Ambien and Norco. A request had been made for Tizanidine 4 mg #270, Flexeril 5 mg #180, Norco 10/325 mg #360 (modified for #120), which were not certified in the utilization review on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 4mg QTY: 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Tizandine (Zanaflex, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as second line options for short-term treatment. It appears that this medication is being used on a chronic basis after a work-related injury in 2008, which is not supported by MTUS treatment guidelines. This request is not considered medically necessary.

Flexeril 5mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic neck pain. In addition, the claimant is on two different muscle relaxers (Tizanidine and Flexeril). This request is not considered medically necessary.

Norco 10/325mg QTY: 360.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury in 2008; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary