

<b>Case Number:</b>	CM14-0137038		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/04/1997
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 75 year old female with a date of injury on 9/4/1997. Diagnoses include multilevel cervical disc desiccation and bulging, left shoulder pain, right shoulder impingement, lumbar strain, and bilateral carpal tunnel syndrome. Subjective complaints are of persistent right shoulder pain, and insomnia. Physical examination shows tenderness over the right bicep, acromioclavicular joint, and anterior deltoid. There is limited right shoulder range of motion, positive impingement signs, and decreased sensation in the C5 dermatome. Medications include Naproxen, Tizanidine, tramadol, Cartivisc, and Ambien. Prior treatment has included rest, subacromial injections, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT APPEAL TIZANIDINE 4MGG # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low

back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm. Therefore, the medical necessity of tizanidine is not established.

**URGEN APPEAL NAPROXEN 550MG #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Naproxen is medically necessary.

**URGENT APPEAL SPRIX 15.75MG NASAL SPRAY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines KETOROLAC Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, SPRIX.

**Decision rationale:** Official Disability Guidelines (ODG) Pain, Sprix. CA MTUS states that Ketorolac is not indicated for minor or chronic painful conditions. For this patient, the request for Sprix nasal spray is for use postoperatively. The ODG states that Sprix is indicated for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use of this intranasal formulation, as with other Ketorolac formulations, should be for the shortest duration possible and not exceed 5 days. Since this medication is to be utilized short term status post surgery, the medical necessity of Sprix is established.