

Case Number:	CM14-0161587		
Date Assigned:	10/07/2014	Date of Injury:	04/07/2003
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 56 year old male presenting with chronic pain following a work related injury on 04/07/2014. On 09/13/2014, the claimant demonstrated neck pain and bilateral upper extremity pain with complaints of spasms. The claimant has tried trigger points, radiofrequency ablation and medications including Norco, Tizanidine, Wellbutrin, Lamictal, and Lunesta. The physical exam showed tenderness in the cervical and thoracic paraspinals with positive taut bands and triggering along 6 spots in the cervical and thoracic spine. MRI of the cervical spine showed multi-level spondylosis causing mild spinal stenosis at C3-4 with foraminal narrowing and severe spondylosis at C7-T1 with grade I antral listhesis of C7 and T1. The claimant was diagnosed with chronic right shoulder pain, status post right shoulder surgery twice, with the last one in 2011, chronic right neck pain, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 79.

Decision rationale: Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.

Tizanidine 2 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-SPASMODICS Page(s): 66.

Decision rationale: Tizanidine 2 mg #120 is not medically necessary. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). The recommended dosing is 4mg with a max dose of 36 mg per day. The medical records indicate that the zanaflex was prescribed for back pain. MTUS recommends short term use for myofascial pain or fibromyalgia; therefore, the claim is not medically necessary.

6 Trigger Point Injections to The Cervical and Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 84.

Decision rationale: 6 Trigger Point Injections to The Cervical and Thoracic Spine not medically necessary. Per MTUS guidelines page 84 states that trigger point injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points with referred pain upon palpation or a twitch response along the area of the neck where the injection is to be performed; therefore, the requested service is not medically necessary.