MAXIMUS Federal Services

Case Number:	CM14-0183521		
Date Assigned:	11/10/2014	Date of Injury:	01/21/2013
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 53-year-old woman who sustained a work-related injury on January 21, 2013. She subsequently developed chronic shoulder pain. Treatment included ORIF of right shoulder greater tuberosity fracture on February 5, 2013, physical therapy, home exercise, and medication. According to the progress report dated October 6, 2014, the patient continued to feel pain in the right shoulder and was not taking any medication. On examination, active neck motion was full and painful. There was tenderness over the greater tuberosity and anterior right shoulder. Active right shoulder motion was slightly limited and painful. Right shoulder range of motion was expressed in degrees: abduction 180, forward flexion 180, extension 50, adduction 40, external rotation 70 and internal rotation 50. The patient was diagnosed with status post open reduction and internal fixation of right shoulder proximal humerus, greater tuberosity fracture. The provider requested authorization for Tizanidine HCL and Gabapentin 100%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanatrex, generic available). Decision based on Non-MTUS Citation ODG (2013) regarding non-sedating muscle relaxants / Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Tizanidine was used in this patient without clear evidence of spasm or objective monitoring of the drug effect on the patient condition. The patient in this case does not have clear evidence of spasm and the prolonged use of Tizanidine HCL 4 mg is not justified.The request of Tizanidine is not medically necessary.

Gabapentin 100% #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 8th edition, 2013, Work Loss Datat Institute; on topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of gabapentin. Based on the above, the use of Gabapentin 100% is not medically necessary.