

Case Number:	CM14-0185880		
Date Assigned:	11/13/2014	Date of Injury:	08/02/1999
Decision Date:	12/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 52-year-old female with a date of injury of 08/02/1999. According to progress report 08/05/2014, the patient presents with continued stiffness in the neck and upper back. The patient reports frequent spasm in the left trapezius and neck and is utilizing muscle relaxants as needed. The patient also complains of bilateral hand numbness, which is worse in the long, index, and ring fingers. Examination revealed "Positive triggers at trapezius with referred pain. Mild tenderness to palpation; cervical, thoracic, and lumbar spine. Grip is 5/5. Positive spasms." The listed diagnoses are: 1. Complex regional pain syndrome, right upper extremity. 2. Cervical radiculitis. 3. Fibromyalgia. 4. Temporomandibular joint syndrome. 5. Carpal tunnel. 6. Left shoulder impingement. The request is for Tylenol #3, and Zanaflex 2 mg. The Utilization review denied the requests on 10/04/2014. Treatment reports from 02/26/2014 through 10/07/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol w/Codeine #3 #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with stiffness and pain of the neck and upper back. The current request is for Tylenol with codeine No. 3 #90 with 1 refill. This appears to be an initial request for this medication, as there is no discussion regarding Tylenol #3 in the progress reports provided for review. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patients likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treating physician does not provide baseline pain or functional assessments to necessitate a start of a new opioid. The request is not medically necessary and appropriate.

Zanaflex 2mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines allows for the use of Zanaflex (tizanidine) Page(s): 66.

Decision rationale: This patient presents with continued pain and stiffness in the neck and upper back. The current request is for Zanaflex 2 mg #60 with 1 refill. The MTUS Guidelines page 66 allows for the use of Zanaflex (tizanidine) for low back pain, myofascial pain, and fibromyalgia. Review of the medical file indicates the patient has been prescribed this medication since 02/26/2014. In this case, the patient suffers from chronic back pain and muscle spasms for which this medication is intended for. However, the treating physician provides no discussion regarding decrease in pain or functional improvement with utilizing Zanaflex. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, recommendation for continued use cannot be made. The request is not medically necessary and appropriate.