

<b>Case Number:</b>	CM15-0014895		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 43-year-old female, with a reported date of injury of 09/09/2010. The diagnoses include chronic neck pain with cervical spondylosis and radicular pain to the right arm and upper extremity. Treatments to date have included Pamelor, Zanaflex, Flector patch, Ultram, Motrin, Tramadol, ice, an MRI of the cervical spine, and electrodiagnostic studies. The physical medicine/pain management follow-up report dated 12/10/2014 indicates that the injured worker had chronic neck pain, right shoulder pain, and scapular arm pain with intermittent numbness, tingling, and weakness. She also complained of radiating pain down to the right hand with numbness over the index finger and small finger. The injured worker reported that Pamelor helped her pain and sleep. Without the pain relievers, the injured worker's pain was severe. She reported that the pain medications reduced her pain to tolerable level, her physical functioning was better, and her sleep pattern was better. The injured worker denied any side effects, and no abnormal behaviors were noted. The objective findings include minimal tenderness to palpation at the midline of the cervical spine, diffuse tenderness over the right-sided cervical paraspinal muscles, and tenderness to palpation with tender points over the left trapezius region. On 12/15/2014, the injured worker rated her pain 9 out of 10. The medical report noted that since the last visit the injured worker had no change in level of function during activity. The treating physician requested Zanaflex, Flector patch, and Pamelor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. Tizanidine is a centrally acting alpha-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Side effects include somnolence, hypotension and weakness. Sedation may be worse with patient's taking concurrent CNS depressants (such as klonopin). In this case, the patient has been taking zanaflex for longer than the recommended amount of time. The continued use of zanaflex is not medically necessary due to potential adverse reaction and lack of benefit.

**Flector patch #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter (Chronic) Flector patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** Topical NSAIDS-the efficacy of topical NSAIDS in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain, as there is no evidence to support use. In this case, the patient has pain in the back and upper extremity. The use of topical NSAIDS is not recommended for these specific body parts.

**Pamelor 25mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 14-16.

**Decision rationale:** According to the MTUS, anti-depressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. In this case, the documentation doesn't support that the patient has had functional improvement or a significant decrease in pain while taking these medications. The continued use is not medically necessary.