

Case Number:	CM15-0019976		
Date Assigned:	02/09/2015	Date of Injury:	12/14/2007
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old female, who sustained an industrial injury on 12/14/07. The injured worker has complaints of neck pain, and pain across the middle to the right side of her upper back and also having muscle tightness and muscle spasms in the right upper back and numbness to her hands and fingers and the pain radiates to her left arm. The diagnoses have included degeneration of cervical intervertebral disc; unspecified myalgia and myositis; primary localized osteoarthritis, shoulder region and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included physical therapy, surgery, trigger point injections, injections and medications. The documentation noted that she had C5-C6-7 anterior cervical Fusion on her neck in 2009 and right shoulder surgery in 2009. According to the utilization review performed on 1/19/15, the requested Tizanidine 4mg #30 and Naprosyn 500mg #60 has been non-certified and the requested Lyrica 75mg #30 has been certified. CA MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain), Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: 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 Muscle Relaxants, Weaning of Medications Page(s): page(s) 63-66, page 124.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was experiencing upper back spasms and stiffness, neck pain that went into the right arm, and episodes of left hand numbness. There was no suggestion the worker was having flare of lower back pain or a discussion detailing special circumstances that sufficiently supported its continued use long-term. In the absence of such evidence, the current request for forty-five tablets of Zanaflex (tizanidine) 4mg take one to two tablets orally before bedtime is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Specific Recommend.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Naprosyn (naproxen) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing upper back spasms and stiffness, neck pain that went into the right arm, and episodes of left hand numbness. These records suggested the worker had improved pain intensity with the use of this medication and did not have negative side effects. In light of this supportive evidence, the current request for sixty tablets of Naprosyn (naproxen) 500mg is not medically necessary.

