

Case Number:	CM15-0112318		
Date Assigned:	06/18/2015	Date of Injury:	02/05/2004
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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, California
 Certification(s)/Specialty: Family Practice

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 45 year old female patient who sustained an industrial injury on 02/05/2004. A primary treating office visit dated 05/19/2015 reported the patient with subjective complaint of having had 5 migraines since the last visit and that she used Imitrex to abort the pain. She states that she is under a great amount of stress with the death of her dog. In addition, she is struggling with her financial situation and will need to declare bankruptcy. She continues taking all prescribed medications. A recent CURES report noted consistent with prescribed. She continues having right sided neck pain and trapezius pain and feels as if her arm is coming out of socket at times. She continues seeing psychiatric follow up with medications Fluoxetine and Mirtazapine. She continues having spasm and uses Tizanidine at bedtime. The following diagnoses are applied: cervical pain/torticollis; right upper extremity CRPS; muscle spasm, and depression. The plan of care noted the patient continuing with Opana ER, morphine sulfate IR, Gabapentin, Tizanidine. She is to repeat injections, refill medications and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.

MSIR 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning medications Page(s): 82-92, 123.

Decision rationale: Morphine is not 1st line therapy for mechanical, compressive etiologies and nerve root pain. In this case, it was used for breakthrough pain in combination with Opana ER. On 4/13/15, there was mention of reducing pain medications 10% per month. The specific medications to be reduced were not specified. A weaning protocol was not provided. In addition, the rate of reduction is not in line with the guideline recommendations. The continued use of MSIR as above is not medically necessary.