

Case Number:	CM15-0114102		
Date Assigned:	06/23/2015	Date of Injury:	12/23/2013
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 38-year-old female who sustained an industrial injury on 12/23/2013. Diagnoses include cervical pain, brachial neuritis NOS, shoulder pain and mid back pain. Treatment to date has included medications, physical therapy and chiropractic treatment. MRI from 7/10/14 was noted to show a modest right C5-6 disc protrusion. According to the progress notes dated 4/14/15, the IW reported back pain and cervical pain rated 8/10. She reported the pain radiated down the bilateral shoulders constantly, and noted numbness and tingling at night. She also complained of thoracic pain rated 8/10 described as aching and stiffness. On examination, range of motion was painful in all planes of the cervical and thoracic spine and the right shoulder. Tenderness and "taut fibers" were noted on palpation of the bilateral cervical and thoracic spine. The right shoulder was painful to palpation. Tizanidine was prescribed for spasms. The IW stated she could only take it at night due to sedation, but it helped her muscle spasms and helped her sleep. A request was made for chiropractic follow-up visit and unspecified medications. The progress notes dated 4/14/15 instructed the reviewer to refer to notes from the pain management provider on the same date for the information concerning the medication requested; this appeared to be Skelaxin 400mg, with no quantity specified. The intention was to prescribe a more mild muscle relaxant that the IW could take throughout the day if needed without over sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for radiating neck pain. When seen, there had been benefit when taking tizanidine but it had been too sedating to take during the day. There was decreased cervical spine range of motion with muscle tenderness. There was left greater than right trapezius muscle tenderness. The assessment references the claimant has not having tried taking half a tablet of tizanidine. A prescription for Skelaxin was provided at 400 mg two times per day. Follow-up in two months was requested. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. In this case, the claimant's response to medications being prescribed would require a reassessment. The requested follow-up visit was medically necessary.

Medications (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60 and 61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants (for pain), p63-66.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for radiating neck pain. When seen, there had been benefit when taking tizanidine but it had been too sedating to take during the day. There was decreased cervical spine range of motion with muscle tenderness. There was left greater than right trapezius muscle tenderness. The assessment references the claimant has not having tried taking half a tablet of tizanidine. A prescription for Skelaxin was provided at 400 mg two times per day. Follow-up in two months was requested. 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 non-steroidal anti-inflammatory medication in pain and overall improvement. Skelaxin (metaxalone) is a relatively non-sedating muscle relaxant. Its effect is presumed to be due to general depression of the central nervous system rather than by inhibiting spasticity. It is recommended with caution as a second-line option for acute low back pain and for short-term pain relief in patients with chronic low back pain. In this case, the plan by the requesting provider was to try taking half a tablet of Tizanidine, which had been effective but had caused sedation. Prescribing another muscle relaxant or providing another prescription for tizanidine without assessing the claimant's response to taking half a tablet of tizanidine was not medically necessary.