

Case Number:	CM15-0117026		
Date Assigned:	06/25/2015	Date of Injury:	03/27/2000
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 42-year-old male, who sustained an industrial injury on March 27, 2000. He reported injuring his right shoulder, right chest wall, and neck while moving a box containing a ping-pong table. The injured worker was diagnosed as having cervicalgia, left shoulder pain, degeneration of cervical intervertebral disc, ulnar neuropathy, depression, myalgia and myositis, and postlaminectomy lumbar region/failed back. Treatment to date has included right shoulder surgeries, cervical spine disc replacements, massage, MRIs, functional restoration program, facet blocks, cervical radiofrequencies, TENS, H-wave, physical therapy, cognitive behavioral therapy (CBT), and medication. Currently, the injured worker complains of neck pain, upper back pain, right shoulder pain, right chest wall pain, and muscle spasms in the chest and shoulder at night. The Treating Physician's report dated May 12, 2015, noted the injured worker rated his current pain severity as 7/10, with the least pain severity as 5/10, and the worst pain severity as 8/10, unchanged from previous visit. The injured worker reported his medications helped reduced pain and facilitated activities of daily living (ADLs). Prednisone taper dose pack and oral diclofenac were noted to help with exacerbations, and Zanaflex was used as needed for muscle spasms. The injured worker was noted to undergo random urine drug screens (UDS), with a urine drug screen (UDS) dated September 13, 2010, noted to have results inconsistent with the injured worker's prescribed medications. Physical examination was noted to show an elevated blood pressure of 155/111, with a medical history of hypertension, hypothyroidism, and hypogonadism. The injured worker's current medications were not listed. The treatment plan was noted to include

continuation of current medications. A request for authorization was made on May 13, 2015, for Norco, Zanaflex, and Toradol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #14 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants 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. In addition, 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. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Tizanidine (Zanaflex) is FDA approved for management of spasticity, with unlabeled use for low back pain. The documentation provided noted the injured worker used the Zanaflex as needed for muscle spasms, without documentation of the injured worker's response to the use of the Zanaflex, the frequency of use, or objective, measurable improvements in functioning with the Zanaflex. The injured worker was noted to have been on the Zanaflex since at least September 2014. The most recent physician's progress reports did not include a physical examination, other than vital signs, which would identify any musculoskeletal symptoms. Therefore, based on the MTUS guidelines, the documentation did not support the medical necessity of the request for Zanaflex 4mg, #14 tablets. This request is not medically necessary.

Five (5) Toradol injections 60mg/2ml solution with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 9, 68, 72.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ketorolac (Toradol) is noted to have a boxed warning that the

medication is not indicated for minor or chronic painful conditions. The documentation provided noted the injured worker had been prescribed Toradol intramuscular injections every week as needed on September 25, 2014, with the injured worker reporting attempting a trial reduction in the dosage with less pain relief noted, so he adjusted it back to the original dosage. The documentation submitted failed to include the frequency of the Toradol intramuscular injections, objective, measurable improvement in the injured worker's pain or functionality, or any acute symptomology or exacerbations identified for the intramuscular injections. Therefore, based on the MTUS guidelines, the documentation did not support the medical necessity of the request for five (5) Toradol injections 60mg/2ml solution with 4 refills. This request is not medically necessary.