

Case Number:	CM15-0117648		
Date Assigned:	06/26/2015	Date of Injury:	10/22/1998
Decision Date:	09/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: Emergency 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 63 year old female who sustained an industrial injury on 10/22/1998 resulting in pain to the neck and low back. Treatment provided to date has included: cervical fusion (2000), physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (2004) showing previous fusion and multilevel disc desiccation; MRI of the left shoulder (2004) showing possible mechanical impingement; and electrodiagnostic testing (2007) showing a moderated level of median nerve dysfunction across the bilateral wrist. There were no noted comorbidities or other dates of injury noted. On 05/14/2015, physician progress report noted complaints of neck and upper back pain. The pain was rated 9/10 in severity without medications and 4/10 or better with medications. The injured worker reported that with the use of medications, she can get out of the house, walk and go shopping for at least 30 to 45 minutes longer than she can without medications. The injured worker also stated that without the medications, she would not be able to leave the house and do her shopping. Additional complaints included panic attacks. Current medications include Duragesic patch, Norco, Prilosec, Colace, Phenergan, Xanax, Tegraderm, Zanaflex and Effexor. The injured worker stated that the benefit from the medications was so significant that she will pay cash for them if the insurance carrier denies coverage. The physical exam revealed tenderness to very light palpation over the upper trapezius and between the shoulder blades as well as throughout the cervical paraspinal regions. The provider noted diagnoses of chronic neck pain and upper extremity pain with history of a cervical fusion (2000); severe depression due to chronic pain and chronic pain syndrome; Oswestry Disability Pain Index score of 38 in 08/2008

and a score of 33 in 06/2009; and low back pain (treated through Kaiser). Plan of care includes continued medications, and follow-up in 2 weeks. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Phenergan 25mg #60, Xanax 1mg #120, and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25 mg #60: Upheld

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

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), Antiemetics (for opioid nausea).

Decision rationale: Promethazine (Phenergan) is an anti-emetic. However, it is not recommended for nausea and vomiting secondary to chronic opioid use. Studies of opiate adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, there is documentation of opioid related nausea for several months. Therefore, medical necessity for the Phenergan has not been established. The Phenergan is not medically necessary.

Xanax 1 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Although the injured worker reports panic attacks, the injured worker has been on this medication for several month with continued complaints. The requested medication is not supported by the guidelines, therefore Xanax is not medically necessary.

Zanaflex 4 mg #60: Upheld

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

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

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported lumbar spasm on physical exam. Also, the guideline criteria do not support the long-term use of muscle relaxants. Therefore, medical necessity for the Zanaflex has not been established. Zanaflex is not medically necessary.