

Case Number:	CM15-0121909		
Date Assigned:	07/01/2015	Date of Injury:	04/21/2012
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

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 is a 43 year old female who sustained an industrial injury on 04/21/2012. Mechanism of injury was from loading and unloading truck with supplies. Diagnoses include chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pan, SLAP tear, status post right shoulder surgery in January of 2015, myalgia and numbness. Comorbid diagnosis includes hypertension, and she has a history of meningitis. Treatment to date has included diagnostic studies, status post left shoulder arthroscopy surgeries in 2004 and 2005, medications, use of heat and ice, status post right shoulder surgery, physical therapy, and home exercise program. Her medications include Norco, and Ibuprofen and Tizanidine. Trazadone, Naproxen and Omeprazole were discontinued. A physician progress note dated 06/03/2015 documents the injured worker presents with neck and right shoulder pain. Range of motion is restricted. Without her medications, she rates her pain as 5-6 out of 10 on the Visual Analog Scale, and with her medications, her pain is rated at 1-2 out of 10 on the Visual Analog Scale. Her pain is better with medications and physical therapy. She reports depression and anxiety, migraines and headaches. There is cervical spine tenderness over the cervical paraspinals and restricted range of motion in all planes. Her right shoulder has very limited range of motion and the surgical incision is well healed without sign of infection. Treatment requested is for Ibuprofen 800mg, 3 refills, and Tizanidine 6mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 6mg, #60: Upheld

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

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

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine is not medically necessary.

Ibuprofen 800mg, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.