MAXIMUS Federal Services

Case Number:	CM15-0043059		
Date Assigned:	03/13/2015	Date of Injury:	02/07/2008
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 59 year old male, who sustained an industrial injury on February 7, 2008. He has reported back pain, neck pain, bilateral shoulder pain and bilateral knee pain. Diagnoses have included neck pain, left shoulder pain, right knee pain, and cervical spine disc displacement. Treatment to date has included physical therapy, medications, shoulder injections, and imaging studies. A progress note dated January 15, 2015 indicates a chief complaint of chronic neck pain, back pain, bilateral shoulder pain and bilateral knee pain. The treating physician documented a plan of care that included medications, conservative treatment for the bilateral shoulders, bilateral knees and lower back pain, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine-Zanaflex HCL 4 mg #120 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The appeal note dated March 10, 2015 indicates that the injured employee has had episodes of low back pain and spasms, which were previously helped with tizanidine/Zanaflex. There was stated to be an objective decrease in pain and increased ability to function with its usage. I respectfully disagree with the UR physician, this class of medication is often used for the treatment of musculoskeletal conditions whether spasm is present or not. The request is medically necessary.

Zofran 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, U.S. Food and Drug Administration http://www.fda.gov/Drugs/Drug Safety/PostmarketDrugSafetyinformationforPatientsandProviders/ucm271924.htm?utm_source= fdaSearch&utm_medium=website&utm-term=zofran&utm_content=1 (accessed 5/2/2012).

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

Decision rationale: The Official Disability Guidelines indicates that Zofran is not recommended for nausea and vomiting secondary to opioid usage. This rationale was stated in the previous review. A note dated March 10, 2015 appeals the decision regarding the usage of Zofran indicating that it was indeed used for nausea induced by Morphine. Therefore, this request for Zofran is not medically necessary.