

Case Number:	CM15-0068395		
Date Assigned:	04/16/2015	Date of Injury:	10/03/2005
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old with an industrial injury date of 10/03/2005. His diagnosis includes status post arthroscopy, left shoulder with acromioplasty, debridement, SLAP repair and sub clavicular decompression, bicipital tendinitis with partial dislocation, long head of biceps tendon; status post anterior cervical discectomy and instrumented fusion of cervical 5-7 with bone grafting and sleep disturbance. Prior treatments include TENS unit, medications, cervical spine surgery, trigger point injection, evaluation by a psychologist and diagnostics to include x-rays, MRI and nerve conduction studies. He presents on 03/16/2015 with complaints of neck pain. He rates the pain as 8-10 on a daily basis and without medication; it rises to 10/10. He also complains of pain in left shoulder rated as 10/10. Physical exam noted muscle guarding and posterior neck pain with forward flexion and left lateral bending of cervical spine. Left shoulder range of motion was decreased. Treatment plan included pain management with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin 80mg BID which exceed the 120 mg of Morphine equivalent recommended daily. In addition, there was minimal improvement in pain with the medications. Continued use of Oxycontin is not medically necessary.

Zanaflex 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64, 66.

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

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used 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. Also, 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. In this case, the claimant had been on muscle relaxants including Flexeril for 7 years in combination with opioids. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.

Klonopin 1 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant was

prescribed Klonopin for neuropathic pain. Other anti-epileptic medications are considered 1st line for epilepsy. In addition, the claimant was on Klonopin for over a month. The continued use of Klonopin is not medically necessary.