

Case Number:	CM15-0071453		
Date Assigned:	04/21/2015	Date of Injury:	01/21/2013
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 01/21/2013 when he slipped and fell on ice. He has reported injury to the neck, right shoulder, right elbow, and low back. The diagnoses have included cervical strain; thoracic strain; right shoulder pain, status post surgery; lumbar strain; right cubital tunnel syndrome; status post right ulnar nerve release on 03/05/2015; and headaches. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Naproxen sodium, Norco, and Zanaflex. The progress note from the treating physician on 03/17/2015 documented current complains of continued daily headaches; and discomfort of the right shoulder, cervical spine, thoracic spine, and lumbar spine. Objective findings included moderate tenderness to palpation of the right shoulder, cervical spine, and lumbar spine; and tingling in the right fourth and fifth fingers. The treatment plan has included the request for Zanaflex 2 mg, sixty count; Norco 10/325 mg, sixty count; and Naproxen sodium 550 mg, sixty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity drugs Page(s): 63 and 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zanaflex.

Decision rationale: The MTUS notes that muscle relaxants are recommended 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 nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy does appear to diminish over time. Sedation as the most commonly reported adverse effect of muscle relaxant medications. The ODG guidelines state that tizanidine (Zanaflex, generic available) 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 subacute and chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Side effects: somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. (See, 2008) Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. This medication is related to clonidine and should not be discontinued abruptly. Weaning should occur gradually, particularly in patients that have had prolonged use. (Zanaflex-FDA, 2008) In this case the medical records document that Zanaflex has been prescribed since at least September 2014 with no documentation of efficacy or functional improvement. Its use is recommended on a short-term basis. With long-term use appropriate monitoring for hepatotoxicity is recommended but not documented in the treatment notes There is no diagnosis of myofascial pain or fibromyalgia. As such the request for continued use of Zanaflex 2 mg is not consistent with recommendations in the MTUS and ODG guidelines. The request for Zanaflex 2 mg #60 is not medically necessary.

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded

to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records indicate that the injured worker continues to use Norco since at least September 2014. The records do note that urine drug testing has been performed with appropriate results. There is no documentation of failure to respond to first line recommendations including non-opioid analgesics, antidepressants and anticonvulsants and no specific functional improvement related to its use. There is no pain assessment including the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Without appropriate documentation for ongoing use, the request for Norco 10/325 #60 is not medically necessary.

Naproxen sodium 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68 and 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Naproxen.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. For- chronic low back pain NSAIDs are recommended as an option for short-term symptomatic relief. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Naproxen as sodium salt is available in 550 mg (Anaprox). The medical records note that naproxen sodium had been used since at least September 2014. This is not consistent with the MTUS recommendation for using the lowest dose for the shortest duration possible. The medical records do not demonstrate substantial pain relief and functional improvement related to use of naproxen sodium and there is no documentation of side effects. Without documentation of efficacy and functional improvement, the request for ongoing treatment with naproxen sodium 550 mg #60, is not consistent with the MTUS recommendations and is not medically necessary.