

Case Number:	CM15-0071575		
Date Assigned:	04/21/2015	Date of Injury:	07/31/2008
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
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: 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 48 year old female, who sustained an industrial injury on July 31, 2008. The injured worker has been treated for left upper extremity and hand complaints. The diagnoses have included left elbow chronic left ulnar collateral ligament sprain, left thumb triggering/early stenosing tenosynovitis, left elbow pain, left hand pain, chronic constipation, wrist pain and left upper extremity complex regional pain syndrome. Treatment to date has included medications, radiological studies, a home exercise program, injections and left hand and wrist surgery. Current documentation dated February 27, 2015 notes that the injured worker reported left elbow, wrist and hand pain. Associated symptoms included numbness and tingling of the hand. Examination of the left elbow revealed tenderness to palpation and painful and decreased range of motion. Examination of the left wrist and hand revealed tenderness to palpation over the dorsal aspect. The pain was noted to be increased with activities of daily living. The documentation also notes that the injured worker had increased numbness to the right upper extremity. The treating physician's plan of care included a request for the medications Zanaflex, Gabapentin and an unknown prescription for Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Regarding the request for tizanidine (Zanaflex), 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. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long standing chronic pain. Given this, the currently requested tizanidine (Zanaflex), is not medically necessary.

Gabapentin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.

Unknown prescription of Senokot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of constipation. McKay sL, Fravel M, Scanlon C. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid prophylaxis Page(s): 77-78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." However, this request did not specify the dosage and quantity and therefore is not appropriate. The patient was noted to have benefit from a senna/docusate combination with a dosage of 50/8.6mg as written for on 10/20/14. But since the current request lacks sufficient detail, it is not medically necessary.