

Case Number:	CM15-0099701		
Date Assigned:	06/02/2015	Date of Injury:	08/22/2005
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/23/2015

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 32-year-old female, who sustained an industrial injury on 8/22/2005. Diagnoses include crush injury ulnar nerve. Treatment to date has included medications including Opana ER, Levorphanol, Ondansetron and Mentherm. Per the Primary Treating Physician's Progress Report dated 4/02/2015, the injured worker reported she is doing terrible. She is very anxious and the pain is worse. She reports right arm pain. Physical examination revealed limited range of motion to the right upper extremity due to pain. The plan of care included medications and consultations and authorization was requested for Opana ER, Levorphanol, Tizanidine, Zofran, Mentherm and a forensic dental evaluation. A letter states that the patient requires a dental examination as a result of the work injury, and the requesting physician was told to ask for a forensic dental consultation. The note goes on to state that the patient's medications allow her to function and are necessary to address the effects of the injury. A 2nd letter which appears to be dated May 8 states that the dental consultation was denied since the teeth are not "a compensable body part." A forensic dental consult is therefore requested to establish whether or not this is a compensable issue. The note goes on to state that the patient has muscle spasms in her neck and into the lumbosacral region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 MG #90 Prescribed 4-2/15: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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 of a specific analgesic benefit or objective functional improvement specifically as a result of the tizanidine (it is acknowledged that the requesting physician has made a general statement that there is functional improvement, and has pointed out that the patient is going to school, but there is no indication that the patient is able to go to school or has any other functional improvements specifically due to the use of tizanidine). Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.

Zofran 4 MG #30 Prescribed 4-2-15: 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.

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

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of anti-emetic medication. ODG states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

Mentherm #240 Prescribed 4-2-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.webmd.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>.

Decision rationale: Regarding the request for menthoderm, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested menthoderm is not medically necessary.

Forensic Dentist Evaluation Prescribed 4-2-15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for Forensic Dentist Evaluation Prescribed 4-2-15, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient has dental issues and that there is some dispute regarding relatedness to the accepted work injury. The requesting physician has stated that he is not comfortable evaluating dental issues, and requires a dental specialist. Due to the dispute regarding work relatedness, a forensic dentist is being requested. This is consistent with guideline criteria for consultation. Therefore, the currently requested Forensic Dentist Evaluation Prescribed 4-2-15 is medically necessary.