

Case Number:	CM13-0016265		
Date Assigned:	03/03/2014	Date of Injury:	08/16/2008
Decision Date:	04/28/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old patient who has reported an industrial injury on 8/6/2012 to her low back from which she opines that has left her with chronic low back and left leg pain. The biomechanics of the injury is from repetitive lifting, loading and unloading of totes when the claimant felt a pulling sensation to the left lower back and leg. The claimant has undergone Internal Medicine Qualified Medical Examination on 6/4/12 who determined the claimant to be a Qualified Injured Worker with gastropathy and sleep disorder which had reached permanent and stationary status. There was also the possibility of Collagen disease not otherwise specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL (PAK) 4MG TABS, TAKE AS DIRECTED #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The use of oral steroids is not supported by American College of Occupational and Environmental Medicine and Official Disability Guidelines another evidence

based guideline. Furthermore the claimant has had diagnosed gastropathy such that the use of oral steroids may be contraindicated.

ZANAFLEX 4MG, #45, TAKE ONE BY MOUTH EVERY 12 HOURS AS NEEDED:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE-ZANAFLEX Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AntiSpasmodics and Antispasticity Drugs Page(s): 63, 66.

Decision rationale: The use of Zanaflex may be appropriate in the acute phase of care, there is no documentation of any spasticity or spasm to warrant continued long term use of this class of drug.