

Case Number:	CM13-0069811		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2010
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 67 year old male who reported an injury on 05/14/2010 secondary to unknown mechanism of injury. The diagnoses are chronic cervical and lumbar strain, shoulder tendonitis and history of carpal tunnel syndrome. The injured worker was evaluated on 10/15/2013 for reports of ongoing neck and back pain, carpal tunnel symptoms and numbness of the hands. The exam noted the range of motion of the spine at 50 degrees flexion and 15 degrees extension. The plan of care included medication refills. The injured worker has been prescribed Zanaflex and Cataflam since at least 05/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON MEDICATIONS FOR CHRONIC PAIN, ANTISPASTICITY/ANTISPASMODICS: ZANAFLEX Page(s): 66.

Decision rationale: The request for Zanaflex 4mg is non-certified. The California MTUS guidelines for medications for chronic pain state Zanaflex is indicated for short-term treatment of

acute exacerbations in patients with chronic Low Back Pain and 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. The documentation provided did not document the injured workers response to the use of Zanaflex; and the injured worker has been prescribed this medication since at least 05/04/2013. The amount of time using this medication exceeds the guidelines. Based on the documentation provided the request is non-certified.

CATAFLAM 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DICLOFENAC POTASSIUM (CATAFLAM, GENERIC AVAILABLE) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DICLOFENAC POTASSIUM (CATAFLAM, GENERIC AVAILABLE) Page(s): 71.

Decision rationale: The request for Cataflam 50mg #90 is non-certified. The California MTUS guidelines for medications for chronic pain state Cataflam is indicated for low back pain; however, the documentation provided did not document the injured workers response to the use of Cataflam. Based on the documentation provided the request is non-certified.