MAXIMUS Federal Services

Case Number:	CM14-0114305		
Date Assigned:	08/04/2014	Date of Injury:	10/08/2012
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 10/08/2012 due to a fall. On 03/31/2014, the injured worker presented with bilateral knee pain and muscle spasms in the back. Current medications include ketoprofen powder, amitriptyline, Lidoderm patch and cyclobenzaprine. Upon examination, there was tenderness to palpation over the medial joint line to the bilateral knees and upper trapezius, lower trapezius and quadrants lumborum and lumbosacral region bilaterally. There is effusion to the bilateral knees. There was decreased sensation to light touch noted in the medial and lateral left calf. The diagnoses were lumbar and lumbosacral disc degeneration, sacroiliitis not elsewhere classified, knee strain and pes anserinus bursitis. The provider recommended Norflex and Zanaflex (tizanidine), the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

Decision rationale: The request for Norflex 100MG #60 is non-certified. California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. The request for Norflex 100 mg with a quantity of 60 is non-certified.

Zanaflex/ Tizanidine 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Zanaflex/ Tizanidine 4mg is non-certified. California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported.