

Case Number:	CM14-0125042		
Date Assigned:	08/08/2014	Date of Injury:	08/14/2004
Decision Date:	10/01/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 71 year old female who was injured at work on 08/14/2004. The injured worker complains of 8/10 pain in the neck, and headaches. The physical examination was positive for antalgic gait, limited range of motion of the spine; moderate tenderness in the neck, trapezius; and tenderness and spasms in the front temporal region of the face. There was tenderness in the thoracic and lumbar spine. There was diminished sensation in the T10-T12 dermatomes bilaterally, as well as decreased reflexes in right biceps and both ankle jerks. The injured worker has been diagnosed of peripheral neuropathy; radiculopathy; degenerative disc disease thoracic; Migraine; lumbar radiculopathy; lumbar facet hypertrophy; sprain/strain of lumbar thoracic region; degenerative joint disease right knee; degenerative joint disease bilateral knees; cervical radiculopathy; occipital neuroalgia; and facet arthropathy cervical. Treatment included Dilaudid, Lidoderm patch, Zanaflex, Premelox, Prevacid, Zofran, Nucynta, Prednisolone, Cyclobenzaprine, Desimipramine, Oxycodone, Ambien, Cyclobenzaprine/baclofen, Zoloft, Fioricet promethazine. At request is the request for Zanaflex 2mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medications for chronic pain, page(s) 60; Official Disability Guidelines (ODG) Pain (Chronic), Muscle Relaxants

Decision rationale: The injured worker sustained a work related injury on 08/14/2004. The medical records provided indicate the diagnosis of peripheral neuropathy; radiculopathy; degenerative disc disease thoracic; Migraine; lumbar radiculopathy; lumbar facet hypertrophy; sprain/strain of lumbar thoracic region; degenerative joint disease right knee; degenerative joint disease bilateral knees; cervical radiculopathy; occipital neuralgia; and facet arthropathy cervical. Treatments have included Dilaudid, Lidoderm patch, Zanaflex, Premolar, Prevacid, Zofran, Nucynta, Prednisolone, Cyclobenzaprine, Desimipramine, Oxycodone, Ambien, Cyclobenzaprine/baclofen, Zoloft, Fiorecet promethazine. The MTUS and the Official Disability Guidelines recommend against prolonged use of the muscle relaxants due to their diminishing effects with prolonged use coupled with worsening adverse effects. The Official Disability Guidelines recommend avoiding using them beyond two weeks. The records reviewed revealed this injured worker has been using this drug since May 2014. In addition, the injured worker is using this drug at the same time she is on Flexeril (cyclobenzaprine), another muscle relaxant, against the recommendation of the MTUS that only one medication should be given at a time. The requested treatment is not medically necessary and appropriate.