

Case Number:	CM14-0150270		
Date Assigned:	09/18/2014	Date of Injury:	01/17/2002
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 and is licensed to practice in California. 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:

According to the records made available for review, this is a 59-year-old male with a 1/17/02 date of injury. At the time (5/22/14) of request for authorization for Zanaflex 4mg #30 and CT of the chest, there is documentation of subjective (swallowing difficulty, cervical spine pain radiating to left shoulder and upper arm, headaches, and burning sensation to bilateral feet) and objective (muscle spasm and decreased cervical range of motion; bilateral tenderness over paracervicals, scalene, and trapezius muscles; tenderness over bilateral transverse process of C2) findings, current diagnoses (brachial neuritis, post laminectomy syndrome, cervicgia, and cervical spondylosis), and treatment to date (medications (including ongoing treatment with Benicar, Gabapentin, Hydrocodone, Paroxetine, Quetiapine, and Zanaflex since at least 2013)). Medical report identifies medication functional gains that include substantial assistance with activities of daily living, mobility, and restorative sleep, contributing to patient's quality of life. In addition, there is documentation that patient received treatment for aspiration pneumonia two weeks ago and a request for another CT chest to assure that pneumonia infiltrates have resolved. Regarding Zanaflex, there is no documentation of acute exacerbations of chronic low back pain and the intention to treat over a short course (less than two weeks). Regarding CT of the chest, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)), Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis, post laminectomy syndrome, cervicgia, and cervical spondylosis. In addition, there is documentation of ongoing treatment with Zanaflex and Zanaflex used as a second line option. Furthermore, given documentation of functional gain that contributes to patient's quality of life there is documentation of functional benefit and increase in activity tolerance as a result of Zanaflex use to date. However, despite documentation of cervical spine spasm, and given documentation of a 1/17/02 date of injury, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Zanaflex since at least 2013, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #30 is not medically necessary.

CT of the chest: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, CT (computed tomography) Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS does not address the issue. ODG identifies documentation of individuals with presumed interstitial lung disease or bronchiectasis, preoperative staging and post-therapeutic evaluation of bronchogenic carcinoma, or patients with either a known or suspected lung cancer who are eligible for treatment, as criteria necessary to support the medical necessity of CT chest. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to

determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis, post laminectomy syndrome, cervicalgia, and cervical spondylosis. However, despite documentation of a request for another CT chest to assure pneumonia is resolved, there is no (clear) documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment). In addition, there is no documentation of previous imaging result. Therefore, based on guidelines and a review of the evidence, the request for CT of the chest is not medically necessary.