

Case Number:	CM14-0174131		
Date Assigned:	10/24/2014	Date of Injury:	09/25/1996
Decision Date:	12/03/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational 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:

Patient is a 61 year-old female with date of injury 09/25/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/26/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed restricted range of motion with pain. On palpation of the paravertebral muscles, tightness and a tight muscle band was noted bilaterally. Lumbar facet loading was negative on both sides. Straight leg raising test was negative bilaterally. Motor and sensory examinations were within normal limits. Diagnosis: 1. Lumbar degenerative disc disease 2. Cervical disc disorder. 3. Chronic back pain 4. Neck pain. 5. Status post L4-5 and L5-S1 lumbar discectomy and fusion. The medical records supplied for review document that the patient has been taking Zanaflex for at least as far back as six months. The Voltaren gel was first prescribed on 06/06/2014. Medications: 1. Zanaflex 4mg, #60 SIG: take two at bedtime as needed. 2. Voltaren 1% Gel SIG: apply to affected area 2-3 times a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 with one refill: Upheld

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

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

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4 mg #60 with one refill is not medically necessary.

Voltaren 1% gel with one (1) refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac)

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren 1% gel with one (1) refill is not medically necessary.