

Case Number:	CM14-0016359		
Date Assigned:	04/11/2014	Date of Injury:	04/06/2000
Decision Date:	03/30/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 male with an industrial injury dated 04/06/2010. The mechanism of injury is not documented. He presents on 01/10/2014 with complaints of headaches. Physical exam revealed forward flexion and downward rotation of his head slightly to the right side. On visit dated 09/09/2013 he was also complaining of headaches and neck pain. Neck was tilted to the right and slightly downwards with some spasm on the left side of the neck in the sternal mastoid muscle. Diagnoses included: Cerebral concussion, industrial. Post traumatic headaches and muscle contraction headaches, industrial. Extreme neck pain and torticollis with cervical dystonia, industrial. Left cervical 5-6 radiculopathy, industrial. On 01/30/2014 utilization review partially certified the request for Zanaflex with 3 refills to Zanaflex 4 mg # 20 with no refills. MTUS and ODG were cited. Keppra 500 mg # 120 with 3 refills was partially certified for Keppra 500 mg dispense 120 with no refills. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants 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. In this case, the claimant had been on Zanaflex for several months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.

KEPPRA 500 #120 REFILL TIMES 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptics Page(s): 16.

Decision rationale: According to the guidelines, anti-epileptics such as Keppra are recommended for neuropathic pain (pain due to nerve damage). In this case the claimant had headaches and post-concussive symptoms. The guidelines do not support the use of Keppra for the claimant's diagnoses and is not considered medically necessary.