

Case Number:	CM14-0127427		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2005
Decision Date:	07/14/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 54 year old female patient who sustained an industrial injury on 12/31/2005. The patient describes having had initial complaint of arm pain back in 2001 while working as a baker. She reports undergoing conservative modality to include, oral medications, modified worked duty, physical therapy session, bracing the affected area. Subsequently in 2002 she underwent right ulnar surgery and in 2003 underwent carpal tunnel release surgery with residual complaints and again in 2004 which have resolved the pain. By 2005 she states waking up with neck pain, severe. Thereafter, additional diagnostic work up that showed bulging discs for which the patient noted receiving injections and subsequently, in 2006 a C3-5 fusion. A primary treating office visit dated 11/05/2013 reported subjective complaints of doing very well after undergoing 06/01/2011 laminectomy, and 12/28/2009 status post left trigger thumb release. She is not working at this time and is without any new injury. Objective findings showed the patient with good lumbar flexion and healed low back incision. There was positive left sided sciatic notch tenderness. The left thumb showed a nicely healed incision with full range of motion. She was diagnoses with the following: L5-S1 radiculopathy; 06/01/2011 laminectomy and discectomy L5-S1; left trigger thumb; 12/28/2009 left trigger thumb release, and triggering of right long finger improved. She was given a Depo injection, prescription for Norco 5/500mg and follow up in two weeks. She is to remain off from work duty. On 03/11/2014 she had a emergency room visit with subjective complaint of having low back pain radiating down the right leg. She states that four days prior she felt sharp pain in the lower back; denies trauma. She states the pain is sharp and increases with movement. She reports taking the following

medications: Albuterol, Hydrocodone/APAP, Lyrica, Tegretol, Claritin, Nasarel, and Celexa. Objective findings showed the back with right sided paralumbar tenderness, positive spasm, and full range of motion. She was administered Morphine 4mg injection, Zofran and had laboratory work up, urinalysis, and monitoring.

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 Tizanidine (Zanaflex) Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy; cervical radiculopathy; elbow pain; carpal tunnel syndrome; and history tobacco use. The date of injury is December 31, 2005. The request for authorization is dated July 28, 2014. The earliest progress note in the medical record containing Zanaflex 4 mg is dated April 23, 2014. A follow-up progress note dated July 16, 2014 shows the injured worker is still receiving Zanaflex 4 mg. Subjectively, there is no change in the injured worker's symptoms. Objectively, there is tenderness palpation with decreased range of motion of the lumbar spine. There is no documentation with objective functional improvement. Zanaflex is recommended for short-term (less than two weeks). The treating provider has continued Zanaflex in excess of three months. Additionally, there is no documentation of an acute exacerbation of low back pain or an exacerbation of chronic low back pain. Consequently, absent clinical documentation with objective functional improvement, documentation of an acute exacerbation of chronic low back pain and treatment in excess of the recommended guidelines for short-term (less than two weeks), Zanaflex 4 mg #30 is not medically necessary.