

Case Number:	CM14-0196553		
Date Assigned:	12/04/2014	Date of Injury:	02/01/1999
Decision Date:	01/26/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The injured worker is a 70 year old female with a date of injury of February 1, 1999. Results of the injury include neck pain radiating to the base of the skull mostly behind the left ear/occiput. Pertinent diagnoses include cervicgia, cervicocranial syndrome, spasm of muscle, and post laminect syndrome cerv region. Treatment modalities include pain medication, physical therapy, and muscle relaxants. Diagnostic studies showed a magnetic resonance imaging scan November 20, 2007 anter cervical fusion at C5-C7 ant inf osteophyte at C4 vert height and disc space normal. Computed tomography scan showed 3 mm post disc protrusion, C4/5 wnl, C5/6 2 mm disc, C6/7 2mm disc fusion. Physical examination noted October 6, 2014 showed severe left lower neck spasm with tenderness to the left upper back. The treatment plan consisted of Zanaflex, Duragesic patch, Percocet, and flexor patch. Utilization review form dated October 17, 2014 non-certified Zanaflex 4mg #60, PC5001 300mg due to noncompliance with MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60, PC5001 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 111.

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 unknown period of time with no documentation of functional improvement. There is no documentation on the generic pain cream. According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Zanaflex 4mg #60, PC5001 300mg are not medically necessary.