

Case Number:	CM15-0102339		
Date Assigned:	06/04/2015	Date of Injury:	06/18/2012
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old female, who sustained an industrial injury on June 18, 2012 while working as hyperbaric technician. The injury occurred while she was performing her usual and customary duties. The injured worker has been treated for mid-back, lower back, left shoulder and leg complaints. The diagnoses have included lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction and sacroiliac joint dysfunction. Treatment and diagnostics to date has included medications, radiological studies, acupuncture treatments, injections, physical therapy, a home exercise program and a lumbar surgery times two. Current documentation dated April 28, 2015 notes that the injured worker reported low back pain radiating to the bilateral lower extremities, worse on the left side with numbness and tingling. The pain score was noted to be 8/10 without medications and 4/10 with medications on a 0 to 10 scale. Examination of the lumbar spine revealed tenderness to palpation over the lumbar and paraspinal muscles and sacroiliac joint region. A straight leg raise was positive on the left. A facet loading test was also noted to be positive. Strength was within normal limits. The treating physician's plan of care included a request for Zanaflex 2 mg for muscle relaxation and to help with insomnia and a compound analgesic cream for symptomatic relief in the lumbosacral area. The other medications listed are Lyrica and Norco. The IW was recently authorized for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

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

Decision rationale: The CA MTUS and ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the duration of utilization of Zanaflex had exceeded that guidelines recommended maximum duration of 4 to 6 weeks. The patient is utilizing other medications with sedative actions concurrently. There is no documentation of failure treatment with first line muscle relaxant medications. The criteria for the use of Zanaflex 2mg is not met. Therefore the request is not medically necessary.

Compound analgesic cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered medications for the treatment of radiculopathy. There was no detail on the components of the topical compound medications or the instruction for utilization. The criteria for the utilization of the Compound analgesic cream was not met. Therefore the request is not medically necessary.