

Case Number:	CM15-0106476		
Date Assigned:	06/10/2015	Date of Injury:	04/30/1999
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: California
 Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on April 30, 1999. Treatment to date has included medications. Currently, the injured worker complains of poor sleep and that her motion control worsens when her pain increases. She reports difficulty remaining upbeat. The evaluating physician notes that she is being evaluated for pain management and that her condition remains the same. The diagnoses associated with the request include anxiety disorder. The treatment plan includes cognitive behavioral therapy and Zanaflex to help with pain and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG Qty 30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Zanaflex 4 MG Qty 30 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has poor sleep and that her emotion control worsens when her pain increases. She reports difficulty remaining upbeat. The evaluating physician notes that she is being evaluated for pain management and that her condition remains the same. The diagnoses associated with the request include anxiety disorder. The treatment plan includes cognitive behavioral therapy and Zanaflex to help with pain and sleep. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4 MG Qty 30 with 2 Refills is not medically necessary.

Referral to A Psychologist for CBT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines.

Decision rationale: The requested Referral to A Psychologist for CBT, is medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker has poor sleep and that her emotion control worsens when her pain increases. She reports difficulty remaining upbeat. The evaluating physician notes that she is being evaluated for pain management and that her condition remains the same. The diagnoses associated with the request include anxiety disorder. The treatment plan includes cognitive behavioral therapy and Zanaflex to help with pain and sleep. The treating physician has documented sufficient evidence to establish the medical necessity for a psychologist evaluation for CBT. The criteria noted above having been met, Referral to A Psychologist for CBT is medically necessary.