

Case Number:	CM15-0139663		
Date Assigned:	09/01/2015	Date of Injury:	05/05/2011
Decision Date:	09/30/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 67 year old female with a May 5, 2011 date of injury. A progress note dated July 6, 2015 documents subjective complaints (back and leg pain; difficulty sleeping; pain rated at a level of 7 out of 10), and current diagnoses (pain in limb, left wrist; other specified depressive disorder; anxiety state; greater trochanteric bursitis; sprains and strains of the hip and thigh; encounter for long term use of medications). A progress note dated June 26, 2015 documented objective findings (slowed gait, assisted by a walker). Treatments to date have included medications, physical therapy, and surgery. The medical record indicates that the injured worker was recently tapered off of opioid medications. The treating physician documented a plan of care that included Zanaflex 2mg #150 and Voltaren gel #1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/anti-spasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is no documentation of muscle spasms. However, patient has been on this medication chronically and the number of tablets requested is excessive and not appropriate. Tizanidine is not medically necessary.

Voltaren gel #1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient has been using this medications for at least several months with no documentation of benefit. Patient's pain is mostly shoulder and spine therefore is not medically necessary.