

Case Number:	CM15-0144144		
Date Assigned:	08/05/2015	Date of Injury:	04/02/2002
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male injured worker suffered an industrial injury on 4-2-2002. The diagnoses included post cervical and lumbar laminectomy syndrome, brachial neuritis, thoracic or lumbosacral neuritis and spasmodic torticollis. The treatment included. The diagnostics included cervical magnetic resonance imaging and upper extremity electromyographic studies. On 6-18-2015 the treating provider reported increased neck and arm pain. He reported 40% relief in pain from opioids. He reported the Zanaflex helped with sleep. He reported neck. Left arm a, back, and leg pain. The neck pain radiated down the left upper back, left arm, hand and numbness in the fingers rated 7out of 10 with medications. The lower back pain radiated down the left buttock to the top of the foot with numbness of the left heel rated 4 out of 10. On exam there was reduced range of motion to the neck with muscle spasms in the neck and upper back. The neck was rotated to the left with sideways shift. The lumbosacral junction was painful. The provider prescribed Lorzone instead of Robaxin as it was a non-sedating muscle relaxant. The injured worker had returned to work. The requested treatments included left C6-C7 cervical epidural steroid injection, Zanaflex and Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-C7 cervical epidural steroid injection (CESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with pain affecting the neck, arm, lower back, and leg. The current request is for Left C6-7 cervical epidural steroid injection (CESI). The treating physician states in the report dated 5/13/15, "He states he did have pain relief with previous cervical ESIs. He has left C7 radiculopathy. I will request C6-7 CESI". (9B) An EMG report from 3/20/15 showed left cervical C7 radiculopathy and an MRI from 3/20/15 showed C6-7 mild disc bulge with mild central stenosis. (5B) The MTUS guidelines state, "Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. MTUS goes on to state, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year". In this case, the treating physician has documented radiculopathy in the physical examination and is corroborated by diagnostic imaging/testing. It does not appear in the records provided for review that that patient has had an ESI this year. The current request is medically necessary.

Tizanidine (Zanaflex) 4mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 163-193, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the neck, arm, lower back, and leg. The current request is for Tizanidine (Zanaflex) 4mg #30 with 1 refill. The treating physician states in the report dated 5/13/15, "He is taking Robaxin during the day and Tizanidine at night. I don't like prescribing two muscle relaxants. He chooses to stay on Robaxin". (9B) The MTUS guidelines support Zanaflex for low back pain, myofascial pain and for fibromyalgia. In this case, the treating physician has documented that the patient prefers Robaxin over Zanaflex and has admitted he does not like prescribing two muscle relaxants. The current request is not medically necessary.

Chlorzoxazone (Lorzone) 750mg #90: 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
Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the neck, arm, lower back, and leg. The current request is for Chlorzoxazone (Lorzone) 750mg #90. The treating physician states in the report dated 5/13/15, "He is interested in sampling a different muscle relaxant. I will give him samples Lorzone, a non-sedating muscle relaxant trial. He knows not take it along with the other muscle relaxants". (9B) The MTUS guidelines support short term usage of muscle relaxants up to 2-3 weeks. In this case, the treating physician has prescribed the trial for longer than the MTUS guidelines recommend. The current request is not medically necessary.