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| <b>Case Number:</b>   | CM15-0146537 |                              |            |
| <b>Date Assigned:</b> | 08/07/2015   | <b>Date of Injury:</b>       | 01/06/2014 |
| <b>Decision Date:</b> | 09/03/2015   | <b>UR Denial Date:</b>       | 07/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old male who sustained an industrial injury on 1-6-14. In a chart note dated 6-29-15, the physician notes an assessment of degenerative cervical intervertebral disc, cervicgia, and brachial neuritis-radiculitis not otherwise specified. The physician notes the injured worker has failed exhaustive trials of non-surgical pain management. The injured worker reports he has been treated with Toradol with prior physicians for pain and has kidney issues that had been treated by an outside physician. The physician notes that since the pain was from his injury, he should have an evaluation and management for kidney dysfunction. Tramadol is noted to cause him stomach upset. A trial of low dose Zanaflex will be started. Previous treatment of trigger point injections, x-rays, electromyography-nerve conduction study of both upper extremities and cervical paraspinals 8-18-14 is noted. The treatment requested is an Internal Medicine-Nephrologist consultation and Zanaflex 2mg #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine/nephrologist consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a nephrology evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs a nephrology evaluation as per MTUS criteria. There is no clear documentation that the patient developed renal symptoms or objective documentation of renal disease or a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a renal specialist. Therefore, the request for Internal Medicine/nephrologist consultation is not medically necessary.

**Zanaflex 2mg #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 Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 2mg #30 with 1 refill is not medically necessary.