

Case Number:	CM15-0201790		
Date Assigned:	10/16/2015	Date of Injury:	09/29/1999
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 9-29-1999. The injured worker is being treated for lumbar spondylolisthesis L4-5 and L5-S1, and probable discogenic low back pain. Treatment to date has included medications, diagnostics and injections. Per the Primary Treating Physician's Progress Report dated 9-16-2015 the injured worker (IW) presented for orthopedic reevaluation. He reported low back pain and pain radiating to the legs. Recently he has been suffering acute exacerbation of back pain associated with stiffness and muscle spasm. He notes functional improvement and pain relief with the adjunct of medications, however temporarily so. Objective findings included tenderness about the lower lumbar paravertebral muscles. It is unclear from the medical records submitted how many sessions of physical therapy, if any, the IW has attended. On 7-15-2015 he rated his pain as 8 out of 10, reduced to 2-3 out of 10 with medications. On 4-08-2015 he rated his pain as 8 out of 10 reduced to 2-3 out of 10 with medications. Per the medical records dated 8-19-2015 to 9-16-2015 there is no documentation increase in activities of daily living or subjective or objective decrease in pain level with the current treatment. He continued to work. The plan of care included Norco, Motrin and Zanaflex. He previously signed an opiate contract and will undergo urine toxicology screening every 6 months. Physical therapy is also requested as an adjunct to medications for the flare up of symptoms. Authorization was requested on 9-22-2015 for Zanaflex 2mg #60 and 12 visits of physical therapy (2-3 times per week for 6 weeks). On 9-29-2015, Utilization Review non-certified the request for Zanaflex 2mg #60 and 12 visits of physical therapy (2-3 times per week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Physical therapy to the low back 2-3 times a week for the next 6 weeks for a total of twelve (12) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks; The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.