

Case Number:	CM15-0202926		
Date Assigned:	10/19/2015	Date of Injury:	01/09/2015
Decision Date:	12/01/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 43 year old female, who sustained an industrial injury on 1-09-2015. The injured worker was diagnosed as having left knee sprain-strain, chondromalacia of patella, neck sprain, sprains and strains of unspecified site of shoulder and upper arm, and iliofemoral (ligament) sprain. Treatment to date has included diagnostics, chiropractic (6 sessions certified 5-14-2015), and medications. Multiple progress reports within the submitted medical records were handwritten and difficult to decipher, including the progress report dated 8-24-2015. On 8-24-2015, the injured worker complains of left knee pain with occasional buckling (rated 6-7 out of 10, rated 5-6 out of 10 on 7-15-2015), neck pain (rated 3-4 out of 10, rated 4 out of 10 on 7-15-2015), and left hip pain (rated 3-4 out of 10, rated 5-6 out of 10 on 7-15-2015). She was currently working usual and customary duties. Objective findings noted left knee with tenderness to the medial and lateral joint line, patellar grind, positive McMurray, and range of motion 0-135 degrees. Exam of the left hip noted positive stress test and Ober exam. Medication refills were recommended. The use of Zanaflex was noted since at least 5-2015. The progress report dated 6-10-2015 noted that she stopped chirotherapy due to her work schedule and it was not clear the number of sessions completed or improvement from the same. On 9-19-2015, Utilization Review non-certified Zanaflex 2mg #20 and chiropractic treatments x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #20: 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), Weaning of Medications.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing left knee swelling, left hip pain, constipation, and unspecified muscle spasms. These records demonstrated this medication was being used for at least several months. There was no suggestion the worker was having a new flare of on-going lower back pain or discussion detailing special circumstances that sufficiently supported the continued use of this medication long-term. In the absence of such evidence, the current request for twenty tablets of Zanaflex (tizanidine) 2mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Chiropractic treatments, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must

demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing left knee swelling, left hip pain, constipation, and unspecified muscle spasms. There was no discussion detailing functional issues, the goals of this therapy, or why this type of treatment was likely to be of additional benefit. Further, the request did not detail the frequency of these sessions, which does not allow for a determination of consistency with the Guidelines. For these reasons, the current request for six sessions of chiropractic treatment done at an unspecified frequency is not medically necessary.