

Case Number:	CM15-0057877		
Date Assigned:	04/02/2015	Date of Injury:	09/09/2009
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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 York, West Virginia, Pennsylvania
 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:

The injured worker is a 49 year old male who sustained an industrial injury on 09/09/2009. Diagnoses include chronic neck pain and Magnetic Resonance Imaging of the cervical spine from 02/04/2010 showed multilevel bulging disks, with facility over the right side at C5-C6, and over the left side at C6-C7 measuring 4-5mm, and low back pain from a new claim from 11/10/2010. Treatment to date has included medications, diagnostic studies, and acupuncture. A physician progress note dated 02/26/2015 documents the injured worker has relatively good range of motion of the cervical and lumbar spine, although it is stiff with range of motion. He has a normal gait. Medications help with the pain and allow him to stay functional. Treatment requested is for Motrin 800mg #60 with 4 refills, and Zanaflex 4mg #90 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Ibuprofen, Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

Decision rationale: Guidelines indicate that ibuprofen is recommended as a second line treatment after acetaminophen. NSAIDs should be used at the lowest dose for the shortest period of time. In this case, the patient reports the Motrin has improved his functioning but noted he was going to cut back on the dose. The request for Motrin 800 mg #60 with 4 refills is not medically necessary and appropriate.

Zanaflex 4mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: Guidelines state that Zanaflex may be appropriate for treatment of spasticity but is not recommended for long term use and should not be continued unless there is functional benefit with reduction in work restrictions, increased activity or reduction in medication use. In this case, there is no documentation of spasticity and no documentation that Zanaflex is used as a second line option as recommended when treating back pain. The request for Zanaflex 4 mg #90 with 4 refills is not medically appropriate and necessary.