

Case Number:	CM15-0058894		
Date Assigned:	04/03/2015	Date of Injury:	09/15/2007
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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, Michigan, 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 58 year old female injured worker suffered an industrial injury on 09/15/2007. The diagnoses included lumbar intervertebral disc disorder with myelopathy and overactive bladder. The diagnostics included x-rays, lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 8/24/2013 the treating provider reported ongoing back, left knee, right ankle left knee and right shoulder pain. The treatment plan included Zanaflex and Detrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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 exacerbations 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, and has been using Zanaflex for a longtime without any clear evidence of spasm relief. In addition, there is no documentation contraindicating the use of NSAID's for the patient's current condition. Therefore, the request for Zanaflex 4mg #60 is not medically necessary.

Detrol 2mg quantity 60 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tolterodine (Rx) - Detrol, Detrol LA.
<http://reference.medscape.com/drug/detrol-la-tolterodine-342841>.

Decision rationale: According to Medscape, Detrol is recommended in case of over reactive bladder disorder. There is no documentation of bladder dysfunction in this case that require the use of Detrol. Therefore, the request for Detrol 2mg quantity 60 with one refill is not medically necessary.