MAXIMUS Federal Services

Case Number:	CM14-0149608		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2008
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 request for a magnetic resonance imaging (MRI) of the cervical spine was not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) Guidelines state for injured workers presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided any red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. There was a lack of documentation of the injured worker's failure to respond to at least a 4 week period of conservative treatment. The included documentation indicates the injured worker underwent injections to the neck, but still complains of neck pain. There is a lack of evidence of emergence of a red flag or failure to progress in a strengthening program intended to avoid surgery. Based on all of the above, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Tizanidine HCL 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Muscle Relaxants

Decision rationale: Per the above guidelines, muscle relaxants are recommended as a short-term option in acute cases with spasm for those that cannot utilize non-steroidal anti-inflammatory drug (NSAIDS) or have persistent symptoms despite NSAID treatment. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of back pain concludes that available evidence supports the effectiveness of muscle relaxants in acute conditions. Muscle relaxants have potential side effects, including drowsiness in up to 30 percent of patients. When considering the optional use of muscle relaxants, the clinician should balance the potential for drowsiness against a patient's intolerance of other agents. In this instance, the injured worker has been utilizing muscle relaxants in one form or another for at least seven months and he continues to take nonsteroidal anti-inflammatory drugs. Therefore, Tizanidine HCL 2mg is not medically necessary per the above guidelines.

1 Tube of Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Topical anti-inflammatories may be beneficial for chronic musculoskeletal pain; however the guidelines recommend short-term use, not to exceed 12 weeks. In this instance, topical anti-inflammatory usage has exceeded 12 weeks and therefore 1 Tube of Voltaren Gel 1% is not medically necessary.