

Case Number:	CM14-0168195		
Date Assigned:	10/30/2014	Date of Injury:	04/21/2008
Decision Date:	12/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 59 year old female who was injured on 4/21/2008. The diagnoses are neck pain, insomnia and myofascial pain. The MRI of the cervical spine showed multilevel degenerative disc disease with foraminal stenosis. The patient completed epidural steroid injections with significant pain relief from 2008 to 2013. On 10/28/2014, [REDACTED] / [REDACTED] noted subjective complaint of neck pain radiating to the upper extremity due to a recent flare up of the chronic pain. The only objective finding was tenderness to the cervical paraspinal muscles. The records indicate that the patient was weaned off Neurontin and baclofen 1 year ago. There is no detail on previous PT treatments. The medications are Norco and Flector patch for pain, Elavil and Zoloft for depression and Zanaflex for muscle spasm. A Utilization Review determination was rendered on 9/17/2014 recommending non certification for Zanaflex #60 3 refills and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg QTY: 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and Physical Therapy (PT). The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records did not indicate that the patient have recently completed PT, home exercise program, gym or aquatic exercise. The use of baclofen was discontinued 1 year ago. The patient is physically active, engaged in full time employment with no restriction to accommodate for physical status. There is no detail on objective findings including limitation to range of motion, muscle spasm or neuromuscular deficit of the neck and upper extremities. The criteria for the long term use of Zanaflex 4mg #60 with 3 refills were not met.

Flector Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical NSAIDs can be utilized for the short term treatment of musculoskeletal and joint pain when the use of systemic NSAIDs are contraindicated or cannot be tolerated. The chronic use of topical NSAIDs is associated with the rapid development of tolerance and decreased efficacy. The records indicate that the patient is utilizing Flector patch for the treatment of neck and upper extremity pain. There is no documentation that the patient cannot tolerate or have failed treatment with orally administered NSAIDs. The criteria for the long term use of Flector patches were not met.