MAXIMUS Federal Services

Case Number:	CM14-0096349		
Date Assigned:	07/28/2014	Date of Injury:	01/25/2011
Decision Date:	10/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 injured worker is a 50-year-old female who reported an injury on 01/25/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervical, lumbar radiculitis, sciatica, and thoracic pain. The injured worker's past treatments included medications, acupuncture, epidural steroid injections, and psychological therapy. The injured worker's diagnostic testing included nerve conduction study and EMG on 05/14/2014. The injured worker's surgical history included skin graft. The date and site was not provided. On the clinical note dated 06/16/2014, the injured worker complained of pain rated 6/10 to 7/10. The injured worker stated she feels that Zanaflex does not work as well as Flexeril. The injured worker had normal range of motion to the neck, decreased range of motion to the back related to pain, and a positive straight leg raise bilaterally. The injured worker's medications included gabapentin 600 mg (3 times a day), Zanaflex 4 mg (3 times a day), Tegaderm film (1 dressing per week as needed for 4 weeks), Butrans transdermal patch 10 mcg per hour (weekly x4 weeks), and ibuprofen 800 mg (3 times a day). The request was for Zanaflex 4mg #90 and Tegaderm Film 4x4 - 3/4. The rationale for the request for Zanaflex is for muscle spasms. The rationale for Tegaderm was not provided. The Request for Authorization was submitted on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. Zanaflex is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was a lack of documentation of the efficacy of the medication regimen, the timeframe of efficacy, the efficacy of functional status that the medication provided, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency of the medication. As such, the request is not medically necessary.

Tegaderm Film 4x4 - 3/4: 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 Official Disability Guidelines (ODG) Burns, Wound care.

Decision rationale: The medical records indicate the injured worker had a skin graft done on an unknown date and unknown site. The Official Disability Guidelines recommend wound dressings for chronic wounds. There is a lack of documentation indicating the injured worker has a wound. The request does not indicate the site of application for the Tegaderm. The requesting physician did not indicate the rationale for the Tegaderm. The request does not indicate the quantity as well as the application site and the frequency. As such, the request is not medically necessary.