

Case Number:	CM15-0119759		
Date Assigned:	06/30/2015	Date of Injury:	06/25/2012
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 6/25/12. The injured worker has complaints of neck, back and left upper extremity pain. The documentation noted that the injured worker has tenderness to palpation of the left-side cervical spine paraspinal muscles and extension and flexion is limited. The documentation noted that the injured worker has paresthesia down the left arm with cervical foraminal compression and reduce pain with cervical distraction and decreased sensation to light touch on the lateral upper arm and radial side of her wrist and thumb area on the left compared to the right. The diagnoses have included neck pain; low back pain and chronic myofascial pain. Treatment to date has included injections; Norco; lidoderm patches; Prilosec; ibuprofen; naproxen; tizanidine; magnetic resonance imaging (MRI) of the cervical spine on 3/12/13 showed there is a central left paracentral disk at C5-C6; magnetic resonance imaging (MRI) of the lumbar spine on 10/26/12 showed disk desiccations at L4-L5, there is a slight anterolisthesis at this level, there is a small posterior disk protrusion at L4-L5, more over the right; electro diagnostic studies of left arm on 3/19/13 were normal and computerized tomography (CT) arthrogram on 12/5/14 was negative for left arm. The request was for Zanaflex 4mg #60 and liver function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged having received injections; long term medications to include Norco; lidoderm patches; Prilosec; ibuprofen; naproxen; tizanidine; and multiple diagnostics. The Zanaflex 4mg #60 is not medically necessary and appropriate.

Liver function test: 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 Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances or hepatic dysfunction disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2012. The Liver function test is not medically necessary and appropriate.