

Case Number:	CM15-0123354		
Date Assigned:	07/07/2015	Date of Injury:	05/22/2014
Decision Date:	08/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 60 year old female, who sustained an industrial injury on May 22, 2014. She reported an injury to her left knee, left ankle and head during a slip and fall. Treatment to date has included acupuncture, physical therapy, home exercise, medications, orthotics, and work restrictions. Currently, the injured worker complains of pain in the cervical spine, right hip, left knee and left ankle. She has headaches occurring on a daily basis. She manages her symptoms with medications by using Zanaflex for muscle spasm and Norco for pain. She rates the pain an 8 on a 10-point scale without medications and a 2-3 on a 10-point scale with medications. Her medications allow her to move around at least 30 minutes longer than without the use of medications. On physical examination the injured worker has tenderness to palpation and mild spasm over the cervical and suboccipital regions. She has pain with foraminal compression and with cervical extension with facet loading. She has tenderness to palpation over the cervical facets and paraspinal regions. The diagnoses associated with the request include persistent headache, neck pain, low back pain, right group pain, bilateral knee pain, left ankle pain. The treatment plan includes cervical spine radiographs with flexion and extension, podiatry consult for the left ankle, Norco, Zanaflex, urine drug screen, acupuncture therapy, and MRI of the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Zanaflex 4mg Qty: 60.00: 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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, dispensed Zanaflex 4 mg #60 not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are persistent migraine headaches, neck pain, low back, right groin, bilateral knee, left ankle pain secondary to fall. The date of injury is May 22, 2014. The requests authorization is dated June 19, 2015. The earliest progress note in the medical record indicating Flexeril was prescribed is dated June 17, 2014. Flexeril was continued through March 23, 2015. At that time, Flexeril was not certified. A February 23, 2015 progress note states the injured worker has full range of motion in the cervical spine. Retention sign is negative. There were no objective positive physical findings of the cervical spine. According to the progress note dated May 18, 2015, the injured worker had multiple subjective complaints including the neck, back, hip, ankle and knee. Norco and Flexeril were both denied. Pain scale was 7-8/10 without medications and 2-3/10 with medication. Flexeril was denied and, as a result, the treating provider requested Zanaflex. Objectively, there is no examination of the cervical spine. The most recent progress note in the medical record dated June 15, 2015 states the injured worker suffers with headaches. There are no complaints of neck pain. Objectively, there was cervical spine tenderness and spasm. Muscle relaxants are recommended for short-term (less than two weeks). The treating provider continued Flexeril from June 17, 2014 through March 23, 2015 (in excess of eight months). The treating provider clearly exceeded the recommended guidelines without supporting compelling clinical facts. Flexeril was continued in excess of eight months (in excess of the recommended guidelines). Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing muscle relaxant use (Flexeril changed to Zanaflex) and treatment continued in excess of eight months, dispensed Zanaflex 4 mg #60 not medically necessary.

Radiographs of the Cervical spine Flexion/extension Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Pursuant to the Official Disability Guidelines, cervical spine radiographs (flexion-extension) #1 are not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by computed tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are persistent migraine headaches, neck pain, low back, right groin, bilateral knee, left ankle pain secondary to fall. The date of injury is May 22, 2014. The requests authorization is dated June 19, 2015. The earliest progress note in the medical record indicating Flexeril was prescribed is dated June 17, 2014. Flexeril was continued through March 23, 2015. At that time, Flexeril was not certified. A February 23, 2015 progress note states the injured worker has full range of motion in the cervical spine. Retention sign is negative. There were no objective positive physical findings of the cervical spine. According to the progress note dated May 18, 2015, the injured worker had multiple subjective complaints including the neck, back, hip, ankle and knee. Norco and Flexeril were both denied. Pain scale was 7-8/10 without medications and 2-3/10 with medication. Flexeril was denied and, as a result, the treating provider requested Zanaflex. Objectively, there is no examination of the cervical spine. The most recent progress note in the medical record dated June 15, 2015 states the injured worker suffers with headaches. There are no complaints of neck pain. Objectively, there was cervical spine tenderness and spasm. Muscle relaxants are recommended for short-term (less than two weeks). The treating provider's treatment plan states cervical spine x-rays are necessary to evaluate the cervical facets to evaluate the stability of ligaments. There are no red flags on physical examination. There is no documentation of previous cervical spine x-rays in an injury that dates back to May 22, 2014 (one year). There are no neurologic findings on physical examination. Based on clinical information the medical record, peer-reviewed evidence based guidelines, negative neurological evaluation and documentation of prior cervical spine x-rays (if performed), cervical spine radiographs (flexion-extension) #1 are not medically necessary.