

Case Number:	CM15-0123974		
Date Assigned:	07/08/2015	Date of Injury:	03/10/1995
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 64-year-old female, who reported an industrial injury on 3/10/1995. Her diagnoses, and or impression, were noted to include: bilateral carpal tunnel syndrome; right shoulder impingement syndrome and joint arthritis; status-post thoracic spinal cord stimulator trial in 4/20/2012, followed by status-post thoracic laminectomy for spinal cord stimulator/lead/paddle placement on 5/15/2014; and status-post lumbar subtraction osteotomy with revision posterior thoracic - sacral fusion. No current imaging studies were noted. Her treatments were noted to multiple surgeries; psychological evaluation; implantation of a spinal cord stimulator into the spine; aquatic therapy; medication management with toxicology screenings; and rest from work. The progress notes of 5/8/2015 reported continued low back pain, which had resulted in difficulty with getting out of bed, activities of daily living and day to day activities, especially with household chores, and depressive symptoms. Objective findings were noted to include obesity; difficulty walking; difficulty getting onto, and reposition, on the exam table; guarding with motion; and muscle spasms. The physician's requests for treatments were noted to include the continuation of Zanaflex for muscle spasms, and home housekeeping assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg: Upheld

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

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

Decision rationale: CA MTUS Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Zanaflex is an antispasticity/antispasmodic drug that has an unlabeled use for low back pain. In this case, it appears that the patient has been taking Zanaflex on a long-term basis, which is not recommended. In addition, the request states "Zanaflex 4 mg," without specifying a frequency or number of tablets. Therefore, this request is deemed not medically necessary.

Housekeeping assistance, 3 hours a day, 3 days a week, for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines, Health care guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: CA MTUS Guidelines state "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a 'part-time' intermittent basis, generally up to no more than 35 hours/week." Medical treatment does not include homemaker services and personal care when this is the only care needed. In this case, the patient has chronic low back pain which the records state interfere with performance of household duties. However, the claimant is not homebound and medical treatment does not include homemaker services. Therefore, this request is deemed not medically necessary.