

Case Number:	CM15-0125473		
Date Assigned:	07/10/2015	Date of Injury:	08/12/2014
Decision Date:	08/05/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 8/12/14. The diagnoses have included cervical disc degeneration, thoracic strain, lumbar disc degeneration, left wrist tendonitis, right talus fracture (healed) left retinal vein occlusion and left cervical facet arthropathy. Treatment to date has included medications, activity modifications, physical therapy, and other modalities. Currently, as per the physician progress note dated 5/26/15, the injured worker complains of worsening neck pain rated 8/10 on pain scale without medications and 5/10 with medications. He complains of left wrist/hand pain, minimal low back pain, right ankle pain and left eye pain. Physical exam reveals tenderness over the left upper cervical spine. The lumbar exam and ankle exam is unremarkable. The current medications included Anaprox, Norco and Restoril. There is no previous urine drug screen noted in the records. The physician requested treatments included Zanaflex 4mg quantity 30 and Bio Oil for scar care quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine; Muscle Relaxants.

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

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for pain after a motor vehicle accident. When seen, he participating in physical therapy. He was having worsening neck pain and has left wrist and hand pain, low back pain, right ankle pain, and left eye pain. Physical examination findings included cervical spine tenderness with an otherwise normal examination. Zanaflex was prescribed for the treatment of difficulty sleeping secondary to pain. Bio Oil was prescribed for scar care. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and Zanaflex was being prescribed for insomnia due to pain. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Bio Oil for scar care quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bayat A., McGeorge D., Sidgwick GP-Abstract-Would healing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Khoo TL, Halim AS, Zakaria Z, et al. A prospective, randomised, double blinded trial to study the efficacy of topical tocotrienol in the prevention of hypertrophic scars. J Plast Reconstr Aesthet Surg 2011; 64:e137-e145.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for pain after a motor vehicle accident. When seen, he participating in physical therapy. He was having worsening neck pain and has left wrist and hand pain, low back pain, right ankle pain, and left eye pain. Physical examination findings included cervical spine tenderness with an otherwise normal examination. Zanaflex was prescribed for the treatment of difficulty sleeping secondary to pain. Bio Oil was prescribed for scar care. Bio Oil contains plant oils and vitamins and is intended to improve the appearance of scars and help maintain elasticity of scar tissue on joints and other high mobility areas. In this case, when requested, there were no areas of scarring or restricted joint motion. Prior treatments such as scar mobilization and stretching are not described. The request was not medically necessary.