

Case Number:	CM15-0090450		
Date Assigned:	05/14/2015	Date of Injury:	10/24/2011
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California
 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:

The injured worker is a 42 year old male who sustained an industrial injury on 10/24/11. The injured worker was diagnosed as having thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis with degenerative disc disease from C4-C5. Currently, the injured worker was with complaints of cervical spine pain with radiation to the bilateral upper extremities with associated numbness and tingling. Previous treatments included activity modification, rehabilitation, and medication management. Previous diagnostic studies included magnetic resonance imaging. Physical examination was notable for tenderness over the paravertebral musculature, lumbosacral junction and limited range of motion of the lumbar spine. The plan of care was for medication prescriptions and a cervical spine brace. Per the doctor's note dated 4/10/15 patient had complaints of pain in the cervical region at 9-10/10. Physical examination of the cervical region revealed tenderness on palpation, positive Spurling test, limited range of motion and decreased sensation in C5-6 dermatomal pattern. The patient has had EMG study of the bilateral upper and lower extremity on 9/9/13 that was normal. The patient has had MRI of the cervical spine on 1/22/14 that revealed disc bulge with foraminal narrowing. The medication list include Prilosec, Norflex, Flexeril and Norco. The patient's surgical history include lumbar laminectomy. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg Qty: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Request: Zanaflex 2mg Qty: 120.00. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." "The injured worker was diagnosed as having thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis with degenerative disc disease from C4-C5. Currently, the injured worker was with complaints of cervical spine pain with radiation to the bilateral upper extremities with associated numbness and tingling. Physical examination was notable for tenderness over the paravertebral musculature, lumbosacral junction and limited range of motion of the lumbar spine. The patient has had MRI of the cervical spine on 1/22/14 that revealed disc bulge with foraminal narrowing. The patient's surgical history include lumbar laminectomy. There is evidence of significant abnormal objective findings. The patient's condition is prone to exacerbations. The prescription of a non sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Zanaflex 2mg Qty: 120.00 is medically appropriate and necessary in this patient at this time.

Retro cervical spine brace dispensed 04/10/15 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odgtreatment.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: Retro cervical spine brace dispensed 04/10/15 Qty: 1.00. Per the ACOEM guidelines cited below "cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "preinjury" activities." There is no high grade scientific evidence to support the use of cervical spine brace for this diagnosis. Response to other conservative therapy including pharmacotherapy was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The request for Retro cervical spine brace dispensed 04/10/15 Qty: 1.00 is not medically necessary for this patient.