

Case Number:	CM15-0090639		
Date Assigned:	05/14/2015	Date of Injury:	01/13/2010
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
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, Florida

Certification(s)/Specialty: Anesthesiology, 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 58 year old female, who sustained an industrial injury on 1/13/2010. The current diagnoses are neck pain, status post cervical fusion (2012), thoracic spine pain, lumbar pain, left knee pain, status post ACL and meniscal repair (10/20/2011), status post partial hardware removal (9/15/2014), depression, and anxiety. According to the progress report dated 4/22/2015, the injured worker complains of neck, upper extremity, and left knee pain. The level of pain is not rated. The physical examination reveals some mild spasming and triggering over the trapezius muscle. She does feel tight and intense over the upper trapezius muscles to the cervical paraspinal region. Cervical range of motion is painful with flexion and extension. The current medications are Norco, Relafen, Cymbalta, Zanaflex, and Flexeril. Treatments and diagnostics to date has included medications management, MRI studies, electrodiagnostic testing, computed tomography scan, bone scan, cortisone injections and surgical intervention. MRI of her cervical spine from 4/29/2013 showed there is severe artifact at C4-5 and pedicle screws at C5-6 and C6-7. There appears to be arthroplasty at C4-5. EMG of the bilateral upper extremities from 9/9/2013 showed chronic left C5 radiculopathy and mild right carpal tunnel syndrome. The plan of care includes prescriptions for Zanaflex and Flexeril. The medications listed are Norco, Relafen, Cymbalta, Zanaflex and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other medications. The records indicate that the patient is utilizing multiple muscle relaxants and other sedative medications concurrently. The duration of utilization of the muscle relaxants had exceeded the guidelines recommended maximum period 4 to 6 weeks. The criteria for the use of Zanaflex 4mg #60 was not medically necessary.

30 Flexeril 10mg: 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 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other medications. The records indicate that the patient is utilizing multiple muscle relaxants and other sedative medications concurrently. The duration of utilization of the muscle relaxants had exceeded the guidelines recommended maximum period 4 to 6 weeks. The criteria for the use of Flexeril 10mg #30 was not medically necessary.