

Case Number:	CM15-0099163		
Date Assigned:	06/01/2015	Date of Injury:	10/27/2009
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 10/27/09. Initial complaints and diagnoses are not available. Treatments to date include medications, neck fusion, and trigger point injections. Diagnostic studies include a MRI of the cervical spine on 03/31/15. Current complaints include ongoing neck pain. Current diagnoses include neck pain, bilateral facet arthropathy, and myofascial pain in the cervical spine. In a progress note dated 04/16/15 the treating provider reports the plan of care as medications including Norco, Zanaflex, and ibuprofen, as well as a 3 month gym membership with a pool. The requested treatments include Zanaflex and Motrin. The injured worker has been on Zanaflex and Motrin since at least 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Overturned

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

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

Decision rationale: The patient has complaints of persistent neck pain with intermittent radicular symptoms. The current request is for Zanaflex 4mg. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Antispasticity/Antispasmodic Drugs: 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. One study (conducted only in females) 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." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. The patient has been utilizing Tizanidine since at least 11/11/14. Progress reports note that the patient has good relief of muscle spasms and associated headaches with this medication. In addition, the medication is taken on an as needed basis and does not appear to be taken chronically. Given the patient's continued pain and documentation of medication efficacy, the current request for Zanaflex is medically necessary.

Motrin 800 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The patient has persistent neck pain with intermittent radicular symptoms. The patient also suffers muscle spasms with associated muscle tension headaches. The current request is for Motrin 800mg #90. There is documentation indicating that the patient requires pain medications to be functional and help control her pain and spasm. MTUS guidelines pg 22 does recommend Motrin. "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". Additionally pg. 67-68 states "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain". The patient does not have any documented risk factors for GI or cardiovascular issues. The current request for Motrin is medically necessary.