

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/29/2013

5/26/2005

7/30/2013

CM13-0005263

- 1) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex 4mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex 4mg #60 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 48-year-old male who reported an injury on 05/26/2005. The clinical note dated 08/22/2012 reported that the patient's medications included Avinza, Zanaflex, and Pristiq. The patient was given refills of medications. The clinical note dated 10/01/2012 reported the patient complained of almost constant neck pain and some increased low back pain over the last month. The note reported the patient wanted to wean down on his opiate analgesics and was willing to try methadone. The patient was recommended to discontinue Avinza and start methadone. The patient was also recommended to continue Zanaflex and Lyrica. The patient's Zanaflex was 2 mg 3 times a day for muscle spasms. The patient's Zanaflex was increased to 4 mg twice a day on 11/28/2012. The clinical note dated 02/20/2013 reported that the patient's pain was better controlled with methadone. The patient was noted to still require Zanaflex and Pristiq. The clinical note dated 04/03/2013 reported the patient stated spasms were controlled with Zanaflex. The clinical note dated 06/27/2013 reported the patient had tightness in the cervical region. The note reported the patient's pain was controlled with the current medications and he was able to do ADLs. The clinical note dated 08/06/2013 reported Zanaflex controlled spasms. The patient continued to have tightness on physical exam and limited range of motion. Utilization review dated 07/29/2013 reported the request for Zanaflex was non-certified as the patient has been utilizing the medication for at least 6 months or more.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Zanaflex 4mg #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants section and Antispasticity/Antispasmodic Drugs section, which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants (for pain), pages 63-66, which is part of MTUS.

Rationale for the Decision:

California MTUS Guidelines do recommend Zanaflex/tizanidine for low back pain and muscle spasms. However, guidelines recommend this medication for short term use. The employee has been utilizing Zanaflex since 08/2012. Therefore, ongoing use would not be supported at this time. **The request for Zanaflex 4mg #60 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.