

Case Number:	CM13-0001187		
Date Assigned:	05/02/2014	Date of Injury:	09/20/2008
Decision Date:	06/09/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/11/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old female who was injured on 09/20/2008. Mechanism of injury is unknown. Diagnostic studies reviewed include a urine toxicology report revealed positive detection of hydrocodone, norhydrocodone, hydromorphone. Progress report dated 06/18/2013 documented the patient with complaints of neck pain, low back pain and lumbar complaints. She is experiencing back stiffness, numbness in left arm, sharp pain and hip pain. The patient indicates that heat improves the condition as well as massage and rest. Stretching and lifting worsens the condition. Back pain is described as aching, burning, throbbing, shocking pain going down legs, spasms and shoots down legs. Severity of condition is 7-8/10. Back pain is located in the lumbar area, lower back and right leg. The patient indicates dorsiflexion worsens condition, eversion worsens and movement of toes worsens condition. Activity, every day use and standing also worsen condition. Objective finding son examination reveal muscle strength for left hip flexors, left quadriceps, left foot dorsiflexors and left foot plantarflexors 4+/5. Right hip flexors, right quadriceps, right dorsiflexors and plantarflexors 5/5. Straight leg raise is mildly positive. Sensory was intact in both lower extremities. Right ankle was with decreased range of motion of dorsiflexion and plantar flexion. Pain is increased with weight bearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG, # 60: Upheld

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, Tizanidine..

Decision rationale: This is a request for Zanaflex for a 47 year old with chronic neck and low back pain attributed to an injury on 9/20/08. The patient is prescribed Zanaflex on a chronic basis. Objective pain reduction and improved function attributable to Zanaflex is not established in the available records. There does not appear to have been a recent exacerbation or re-injury. Muscle relaxants are recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute exacerbations in patients with chronic low back pain. In most cases, they show no benefit beyond NSAIDs and no additional benefit in combination with NSAIDs. The patient is also taking Naprosyn on a chronic basis. Medical necessity is not established.