

Case Number:	CM13-0016952		
Date Assigned:	10/11/2013	Date of Injury:	10/11/2004
Decision Date:	01/02/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 y.o female with injury from 10/11/04 suffering from neck, shoulder pains along with headaches. UR letter from 8/21/13 denied the request indicating that long term use is not indicated and that muscle spasms continue despite the use of Zanaflex. There was lack of any quantitative improvement with the use of medication. Review of the treater's note, Dr. [REDACTED], from 8/8/13 shows that the use of medication helps by 50% with functional improvement. The patient is taking occasional zanaflex in evening for spasms. 7/11/13 note from Dr. [REDACTED] has similar reporting with the patient taking Zanaflex only in the evening on occasional basis. The patient has a diagnoses of Spine fusion from C4-6, Carpal tunnel syndrome, cervicogenic headaches and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic/Antispasmodic Drugs Page(s): 66.

Decision rationale: A review of the records submitted indicates that the treater adequately documents the patient's myofascial with tightness and spasms of the trapezius and cervical spine areas. This patient is status-post cervical fusion with chronic pain. The notes indicate that

Zanaflex is being used on an occasional basis. MTUS supports the use of Zanaflex as a first line treatment for myofascial pain. I recommend authorization and continued use of Zanaflex to manage this patient's chronic pain and spasms. The request for prescription Zanaflex 4mg #60 is medically necessary and appropriate.