

Case Number:	CM13-0022292		
Date Assigned:	11/13/2013	Date of Injury:	09/22/1993
Decision Date:	01/16/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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. 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 59-year-old female who sustained a work-related injury on 09/23/1993. Since the date of injury, the patient has undergone back surgery, a functional restoration program, epidural steroid injections, physical therapy, psychotherapy, and permanent implantation of a spinal cord stimulator. The most recent progress report dated 08/22/2013 documented subjective complaints of low back pain rated 8/10 and radiating into the bilateral lower extremities. The patient's medications included Oxycodone, Celebrex, Duragesic, Flexeril, and Lexapro. Objective findings revealed restricted range of motion, inability to heel-toe walk, and twitch response on palpation at lumbar paraspinal muscles on the right. Motor testing was limited by pain. The treatment plan consisted of a trigger point injection, discontinuation of Flexeril, a prescription for Zanaflex, and a request for authorization for replacement of an electric heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. As such, treatment should be brief and addition of other agents is not recommended. The clinical information submitted for review indicated the patient had been on the requested medication intermittently since at least 07/2012, with the most recent prescription restart in 08/2013. The clinical information submitted for review lacks evidence of functional improvement or pain reduction to support continued use of the requested medication. Additionally, there are minimal muscle abnormalities on physical examination. As such, the request for Zanaflex 4mg #30 is non-certified.