

Case Number:	CM13-0026481		
Date Assigned:	11/22/2013	Date of Injury:	09/01/2009
Decision Date:	02/13/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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:

The patient is a 55-year-old female with the date of injury of January 29, 2009. The patient has low back pain and bilateral knee pain. A note dated August 2, 2013 states and the patient has decreased pain since her previous visit with increased activity. Her diagnoses include lumbar radiculopathy, knee pain, post lumbar laminectomy syndrome, mood disorder/depression. There has been no change in the patient's medication regimen for six months. The patient was prescribed Zanaflex as needed for muscles spasms. However the request is for Zanaflex 1-2 QHS. Exam findings so per vertebral muscle tenderness and the tight muscle band on both sides. There is no other indication of muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62.

Decision rationale: MTUS discusses the use of muscle relaxants in the chronic pain guidelines. There is no indication the patient has muscle spasms. In addition, the patient has been using this particular muscle relaxants for about six months. MTUS does not recommend long-term use of muscle relaxants. However, this particular medication has been shown to be efficacious in low

back pain, especially in women. For long term use, this medication requires evaluation of liver function tests. There is no indication in the record that this has been done. There is no record of how often this patient takes this medication as it is written "prn". The benefit of this medication in this patient is unclear. Continuation of this medication would require appropriate testing and documentation of its use and benefit. Currently, as written, it is not appropriate.