

Case Number:	CM13-0032184		
Date Assigned:	12/11/2013	Date of Injury:	12/01/1999
Decision Date:	01/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, 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 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 64-year-old female who reported an injury on 12/01/1999. The mechanism of injury was not specified. Initial treatment is unclear; however, current management includes medications for pain. The patient was diagnosed with failed back syndrome after a fusion at L4-5 and another illegible level. She is also noted to have left hip greater trochanteric bursitis and had an abdominal hernia repair on 08/05/2013. The most recent progress note dated 09/06/2013 states that the patient is increasingly disabled requiring 24 hour help 7 days a week for transferring, personal care, toileting, meal preparation, shopping, transportation, and household duties. There were no other recent clinical notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63-65.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line option in the treatment of acute exacerbations of chronic low back pain. The guidelines also state that efficacy of muscle relaxants diminishes over time and ultimately, they show no benefit beyond the use of nonsteroidal anti-inflammatory drugs (NSAIDs). Zanaflex in particular, is an antispasmodic that is used to decrease muscle spasms and conditions such as low back pain. The most recent clinical note dated 09/06/2013 did not contain any objective documentation regarding muscle spasms. There was also no documentation detailing the frequency of use, the length of use, or the efficacy of the requested medication. Without the above mentioned supporting documentation, medical necessity cannot be determined. As such, the request for Zanaflex 6 mg #90 is non-certified.