

Case Number:	CM13-0035111		
Date Assigned:	12/13/2013	Date of Injury:	05/06/2002
Decision Date:	04/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 70-year-old female who suffered a work related injury on 5/6/02. Since the injury, she has complained of severe back pain and has been treated with multiple medications including Opioids, non-steroidal drugs and Zanaflex. She has also undergone a lumbar (low back) fusion and continues to experience back pain. In February 2013, Zanaflex was prescribed as a muscle relaxant. The patient continued to experience back pain without much improvement. In September 2013, the treating physician requested a refill and continuation of Zanaflex which was denied by the insurance carrier.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF ZANAFLEX 6MG #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 Page(s): 66.

Decision rationale: California chronic pain medical treatment guidelines indicate Zanaflex is a muscle relaxant FDA approved for management of spasticity with an unlabeled use for low back

pain. In general, muscle relaxants should be used for caution as a second line option for short term treatment of acute exacerbation for patients with back pain. Zanaflex is not an appropriate medication for long term use. This patient has been using Zanaflex since February 2013; therefore the use of Zanaflex beyond a few weeks is not medically indicated.