

<b>Case Number:</b>	CM13-0049609		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Interventional Spine 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. 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 33 year old male with date of injury 11/4/08. The diagnoses listed are 724.2 low back pain and 719.41 shoulder pain. The request for Ambien (zolpidem) 10 mg QTY 30, and Zanaflex 4 mg QTY 90 were denied by utilization review on 10/28/13. The rationale for denial was based on lack of medical evidence to support the need for these medications. The progress report dated 10/14/13 from the PTP indicates the patient has been taking Ambien, Norco, Zanaflex, Percocet, Skelaxin, and Ibuprofen. It is stated that this visit is a follow-up visit and that no change in the patient's low back pain and right shoulder pain has occurred. Other primary treating physician progress reports dated 8/14/13, 6/5/13, 4/22/13, 1/24/13 and 11/29/12 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 63 and 66.

**Decision rationale:** The reports reviewed from 11/29/12 to 8/14/13 do not list spasticity but the patient suffers from low back pain. However, none of the reports indicate why this medication is being used. There is no documentation of myofascial pain, spasms and more importantly, how the patient has responded to the medication. MTUS pages 60-61 requires documentation of pain assessment and function when medication is used for chronic pain. The MTUS guidelines go on to state on page 8 "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities". Recommendation is for denial.