

Case Number:	CM13-0056561		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2003
Decision Date:	05/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice 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 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 reported an injury on 02/12/2003. The mechanism of injury was not provided. The patient is diagnosed with chronic low back pain, status post lumbar interbody fusion in 2006, 9th rib fracture, hypertension, headaches, bilateral carpal tunnel syndrome, and severe depression. The patient was evaluated on 11/21/2013. The patient reported lower back pain with radiation to bilateral lower extremities. The patient also reported ongoing headaches. The patient reported improvement in symptoms with physical therapy. Current medications included Kadian 20 mg and Zanaflex. The patient reported a 5/10 pain with medication. Physical examination revealed tenderness to palpation of the lumbar spine, mild spasm, limited range of motion, positive straight leg raising, diminished strength in the left lower extremity, hypoesthesia in the left L5 and S1 dermatomes, and asymmetrical reflexes. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA DWC MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate palpable muscle spasm. There is also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.