

Case Number:	CM13-0059428		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2010
Decision Date:	04/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice 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 50-year-old male who reported an injury on 07/08/2010. The mechanism of injury was not specifically stated. The patient is currently diagnosed with facet arthropathy, degenerative joint disease of the right knee, status post right knee arthroscopy, and chronic pain syndrome. The patient was seen by [REDACTED] on 12/10/2013. The patient reported 8/10 lower back pain. Physical examination revealed decreased lumbar range of motion, positive facet loading maneuver, 4/5 strength in the bilateral lower extremities, and intact sensation. 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 4 mg, #90 between 11/21/2013 and 1/5/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to

diminish over time and prolonged use may lead to dependence. There was no evidence of palpable muscle spasm or spasticity upon physical examination. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. As such, the request is non-certified.