

Case Number:	CM13-0065456		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2010
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 48 year-old male who was injured on 7/15/10. He has been diagnosed with lumbar facet syndrome; cervicobrachial syndrome; post-op left shoulder; bilateral shoulder tenosynovitis; thoracalgia; dizziness/vertigo, post traumatic; right knee tenosynovitis; post-traumatic gastritis from medications. According to the 11/16/13 occupational medicine report from [REDACTED], the patient presents with neck, mid, and low back pain with headache, pain in both shoulders and right knee. [REDACTED] states the patient is taking Tizanadine and Omeprazole and using compounded topicals.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Muscle Relaxants for Pain Page(s): 66.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Zanaflex, states it has unlabeled use for low back pain, and possibly helps for myofascial pain and fibromyalgia.

Additionally, the MTUS guidelines recommends checking liver function at baseline, 1, 3 and 6-months out, so it does not appear to be limited to short-term use as some of the other muscle relaxants. According to the 11/16/13 occupational medicine report from [REDACTED], the patient presents with neck, mid, and low back pain with headache, pain in both shoulders and right knee. [REDACTED] notes the low back pain is 9/10, and is reduced by lying down, medication, stretching and heat. The treating physician is aware of MTUS guidelines on muscle relaxants and states he is using it in accordance with MTUS for acute exacerbations of back pain, and that Zanaflex was helping the patient. The request for Zanaflex 4 mg is not medically necessary and appropriate.