

Case Number:	CM14-0007094		
Date Assigned:	02/14/2014	Date of Injury:	10/11/1993
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 Internal Medicine 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:

This is a 71-year-old male with a 10/11/1993 date of injury. A specific mechanism of injury was not described. At the time of a 12/31/13 determination, a modified certification was rendered. Oxycontin, Norco, and Neurontin were certified, and Zanaflex was non-certified. Non-certification of this medication was rendered given that the tizanidine was being used for off-label purposes, neurogenic claudication and low back pain. 12/16/13 medical report identifies worsening pain in the back, muscle spasm, stabbing pain that radiates to the left leg. Exam revealed limited range of motion, positive straight leg raise (SLR), and altered sensation at the lateral calf and bottom of the foot. Palpation revealed muscle spasm in the lumbar trunk with loss of lordotic curvature. The requested Zanaflex is prescribed for leg cramps related to neurogenic claudication and back spasms. 11/18/13, 11/12/13, 10/16/13, 9/18/13, and 8/21/13 medical reports document muscle spasms without significant improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 6MG #30: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain (LBP). While the patient has low back spasms, those are chronic in nature, as they have been present for almost a year without significant improvement documented. The specific benefit of this medication at this point is not clear. There is also no end-point of treatment. Medical necessity for the requested item has not been established. The requested item is not medically necessary.