

Case Number:	CM14-0009282		
Date Assigned:	02/14/2014	Date of Injury:	06/06/2006
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation 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 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 injured worker is a 55-year-old female who reported an injury on 06/06/2006. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her right knee and lumbar spine. The injured worker ultimately developed chronic pain that was managed with aquatic therapy, a home exercise program, and medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/16/2014. It was documented that the injured worker had continued low back complaints and knee pain complaints. Physical findings included restricted range of motion secondary to pain with tenderness to palpation of the paravertebral musculature and positive facet loading to the right side. The injured worker's diagnoses included disc disorder or the lumbar spine, lumbar facet syndrome, and knee pain. The injured worker's treatment plan included continuation of medications, and a 12 month gym membership. The injured worker's medications included ibuprofen 800 mg, a Flector patch 1.3% patch, glucosamine, MiraLax, Norco 10/325 mg, Neurontin 300 mg, Zanaflex 4 mg, Senokot 8.6/50 mg, Valium 10 mg, and Clonazepam 0.25 mg. A request was made to refill Zanaflex and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #60: 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 MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The requested Zanaflex 4 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 02/2013. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The use of muscle relaxants is recommended by guideline recommendations for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Zanaflex 4 mg #60 is not medically necessary or appropriate.