

Case Number:	CM14-0102421		
Date Assigned:	07/30/2014	Date of Injury:	11/08/2004
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 53 year old male who sustained an injury on 11/08/04 while lifting multiple packages. The injured worker developed complaints of pain in the neck, left upper extremity, right hand, and upper to lower back and had prior cervical fusion procedures completed in the past and was left with ongoing chronic neck and upper extremity symptoms. These symptoms had been managed with multiple medications to include the use of Zanaflex for an extended period of time. The clinical report from 05/28/14 noted that the injured worker had control of his pain with the use of Opana; however, his pain returned after several hours, and was requesting further medications to control breakthrough pain. No significant improvement with the use of Topamax, sleepiness with the use of Zanaflex, and denied any benefits obtained with the use of Lyrica was noted with previous medications. On physical examination, there was tenderness to touch in the cervical spine region with limited cervical range of motion. The injured worker was continued on Zanaflex 6 milligrams daily for spasms. Follow up on 06/26/14 was still requesting medications for breakthrough pain control. Physical examination remained unchanged. The injured worker was prescribed Norco 10/325 milligrams, quantity sixty at this evaluation for breakthrough pain as this medication was beneficial in the past. The requested Zanaflex 6 milligrams, quantity thirty was denied by utilization review on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 6MG #30 1 PO QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Zanaflex 6m g #30 1 PO QHS is not medically necessary and appropriate.