

Case Number:	CM14-0012613		
Date Assigned:	02/21/2014	Date of Injury:	08/10/1998
Decision Date:	06/12/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 51 year-old male who is reported to have a date of injury of 08/10/1998. It is reported that the injured worker has a history of two work related Motor Vehicle Accidents and cumulative trauma from overhead reaching. He has been treated with oral medications, physical therapy, and chiropractic. MRI of the thoracic spine dated 01/02/14 indicates multilevel degenerative changes moderate to severe at T6/7, T7/8, and T8/9. There is a 6 mm right paracentral disc extrusion at T7/8. An MRI of the lumbar spine dated 12/20/13 indicates moderate to severe degenerative disease at all levels. The most recent clinical note dated 12/31/13 reports complaints of mid and low back pain radiating down the right lower extremity. On examination the injured worker has an antalgic gait, there is tenderness and spasm of the paraspinal musculature. Lumbar range of motion is restricted and facet loading is positive on the right. Sensation is decreased over the left lateral foot, medial foot, and great toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2 MG TABLET #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

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

Decision rationale: The request for Zanaflex 2 mg tablet # 60 is recommended as medically necessary. The injured worker is a 51 year-old male with chronic back pain. Imaging studies indicate moderate to severe degenerative disease throughout the thoracic and lumbar spine. Serial examinations indicate the presence of myospasm in the paraspinal musculature for which this medication is clinically indicated. As such, the request meets California Medical Treatment Utilization Schedule treatment recommendations.