

Case Number:	CM14-0121109		
Date Assigned:	08/06/2014	Date of Injury:	08/09/2000
Decision Date:	10/01/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 58 year old male who was injured on 08/09/2000. The mechanism of injury is unknown. Prior treatment history has included acupuncture. Prior medication history included Duragesic, Percocet, Zanaflex and Ketoprofen. Progress report dated 06/17/2014 states the patient complained of neck and back complaints and rated his pain as 4/10. He reported bilateral numbness and tingling in the hands as well as in the bilateral lower extremity. He is utilizing Duragesic, Percocet and Zanaflex. He has been weaning himself off his medication and has tolerated the change well. He reported without medications, his pain level is 8-9/10 and with medications, his pain level is 4/10. Objective findings on exam revealed bilateral tenderness to palpation over the paraspinal muscles of the cervical and lumbar spine. Range of motion is decreased throughout. She is diagnosed with chronic pain syndrome, HNP cervical and lumbar spine and status post cervical fusion. The patient has been prescribed Zanaflex 4 mg #60 which he has been utilizing since 02/25/2014. Prior utilization review dated 11/05/2013 states the request for Zanaflex 4mg #60 is denied as medical necessity has not been established.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The above MTUS guidelines for muscle relaxant state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008)... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." In this case, documentation from 2/25/14 and 6/17/14 shows the patient has been on Zanaflex for over 4 months. Because muscle relaxants are to be used for short-term treatment, the request is not medically necessary. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.