

Case Number:	CM14-0123229		
Date Assigned:	08/08/2014	Date of Injury:	07/08/1993
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53-year-old male with a date of injury 7/8/1993. The mechanism of injury is not stated in the medical records. The patient has complained of neck, mid back, lower back and bilateral lower extremity pain since the date of injury. He has been treated with physical therapy, acupuncture, corticosteroid injection and medications. There are no radiographic data included for review. Objective is antalgic gait, paraspinous musculature tenderness bilaterally through the cervical, thoracic and lumbar spine, left gluteal muscle tenderness to palpation, decreased sensation in the L3-5 dermatomes bilaterally, tenderness to palpation of the bilateral sacroiliac joints, positive Faber and Gaenslen tests bilaterally. Diagnoses are chronic pain syndrome, lumbar spine radiculopathy, bilateral sacroiliac joint dysfunction, opioid induced hyperalgesia. Treatment plan and request is Zanaflex.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of this MTUS guideline, Zanaflex is not medically necessary.