

Case Number:	CM14-0127698		
Date Assigned:	08/15/2014	Date of Injury:	03/20/2001
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 Management and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old female who has submitted a claim for post laminectomy syndrome of lumbar region with left L5 radiculopathy associated with an industrial injury date of 3/20/2001. Medical records from 2014 were reviewed. Patient complained of persistent low back pain radiating to the left gluteal area, rated 8/10 in severity. Aggravating factors included prolonged sitting and standing. Patient reported that Zanaflex provided relief of myofascial pain. Physical examination showed decreased tenderness over the paralumbar muscles. Treatment to date has included lumbar laminectomy in 2002, lumbar epidural steroid injection, physical therapy, and medications such as Elavil, Zanaflex (since February 2014), Ultracet, and Norco. Utilization review from 8/5/2014 denied the request for Zanaflex 4 mg, #120 because there was no documentation of muscle spasm or increased muscle tonicity for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120 (Dispensed): 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 Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Zanaflex since February 2014. Patient reported relief of myofascial pain secondary to its use. However, the most recent physical examination failed to provide evidence of muscle spasm to warrant continuation of treatment. Moreover, long-term use is not recommended. Therefore, the request for Zanaflex 4mg #120 (Dispensed) is not medically necessary.