

Case Number:	CM14-0138470		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2009
Decision Date:	11/05/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Management and is licensed to practice in Texas & Oklahoma. 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 43-year-old male with a reported date of injury on 08/02/2009. The mechanism of injury was not noted in the records. The injured worker's diagnoses included cervical disc bulges, spinal stenosis, left upper extremity radiculitis, chronic cervicgia with headaches, and chronic thoracic back pain. The injured worker's past treatments included pain medication, physical therapy, and chiropractic therapy. There was no relevant diagnostic imaging submitted for review. There was no relevant surgical history documented in the notes. Subjective complaints on 08/05/2014 included pain in the head, neck, bilateral shoulders, bilateral upper extremities, bilateral low back, bilateral hips, and lower extremities rated at 7/10 to 8/10. The objective physical exam findings noted that the cervical and lumbar spine range of motion was limited secondary to pain. The injured worker's medications included MSContin, Zanaflex, amitriptyline, Norco, and Paxil. The treatment plan was to continue and refill medications. A request was received for Zanaflex 4 mg #60. The rationale for the request was to decrease muscle spasms. The Request for Authorization form was not provided.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request for Zanaflex 4 mg #60 is not medically necessary. California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The injured worker has chronic neck and low back pain. The notes indicate that the injured worker has been on Zanaflex since at least 04/10/2014. There was a lack of documentation in the notes regarding why the injured worker should remain on Zanaflex past the Guideline short term recommendation. As Zanaflex is only recommended for short term use, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.