

<b>Case Number:</b>	CM14-0138497		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on November 30, 2000. The mechanism of injury is noted as using a prybar to move a load when the prybar slipped. The most recent note is an appeal dated August 13, 2014. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles and decreased sensation at the posterior lateral aspect of the left lower extremity and the dorsal web space of the right first toe. There was a positive bilateral straight leg raise test and spasms along the lumbar spine. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease and disc bulging at L4 - L5 and L5 - S1. Previous treatment includes physical therapy and a home exercise program. A request had been made for naproxen and Zanaflex and was not certified in the pre-authorization process on August 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Naproxen 500mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drug).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** According to the note dated August 13, 2014, the injured employee was continued to be prescribed naproxen and Motrin concurrently without clear justification as to why one is not chosen over the other. As such, this request for naproxen is not medically necessary.

**1 prescription of Zanaflex 4mg, #90 (with 3 refills):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

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

**Decision rationale:** Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the note dated August 13, 2014, the injured employee does have physical examination findings of spasms. Considering this, the request for Zanaflex is medically necessary.