

Case Number:	CM14-0163856		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency Medicine and is licensed to practice in California. 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 58 year-old male, who sustained an injury on April 22, 2002. The mechanism of injury occurred when he lifted a 5 pound bucket. Diagnostics have included: April 11, 2014 CT lumbar spine reported as showing multilevel disc bulges with foraminal stenosis and facet hypertrophy. Treatments have included: lumbar decompression, medications. The current diagnoses are: chronic lumbar backache, myofascial strain, lumbar disc disease, bilateral lower extremity radiculopathy, failed back surgery syndrome. The stated purpose of the request for Zanaflex 4mg #90 was not noted. The request for Zanaflex 4mg #90 was denied on September 30, 2012, citing a lack of documentation of exam evidence of myospasm, or greater effectiveness over NSAID's. Per the report dated July 30, 2014, the treating physician noted complaints of lumbar back pain. Exam findings included restricted lumbar range of motion with tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: 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 requested Zanaflex 4mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lumbar back pain. The treating physician has documented restricted lumbar range of motion with tenderness. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #90 is not medically necessary.