

Case Number:	CM14-0173240		
Date Assigned:	10/24/2014	Date of Injury:	11/20/2013
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 25 year old male who reported an injury on 11/20/2013. The mechanism of injury was not provided within the documentation. His diagnoses included lumbar discogenic pain and lumbar radiculopathy. Past treatment included physical therapy. Diagnostic studies included x-rays of the lumbar spine. There was no surgical history reported. The clinical note dated 08/27/2014 indicated the injured worker complained of low back pain rated 9/10 that radiated to both lower extremities. The pain was associated with spasms, numbness, and stiffness. Physical examination revealed right paralumbar muscle guarding and tenderness with pain on flexion and extension of the lumbar spine. His medications included ibuprofen and Tylenol. The treatment plan included Tramadol 50mg and Tizanidine 4mg, as well as, an updated lumbar spine MRI and an acupuncture trial. The request was for Zanaflex (Tizanidine) 4mg #60 with 5 refills, however, a rationale for the request was not indicated. The Request for Authorization dated 08/27/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 63, 66, 113.

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

Decision rationale: The request for Zanaflex 4mg #60 with 5 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The injured worker complained of low back pain rated 9/10 with radiation to both lower extremities that was associated with spasms, numbness, and stiffness. The clinical documentation indicated that the injured worker had been prescribed Zanaflex since at least 08/27/2014. Therefore, continuation of Zanaflex would exceed the guideline recommendation for a short course of treatment. The medical records did not provide sufficient documentation indicating the injured worker had significant objective functional improvement with the medication. There was also a lack of documentation of significant muscle spasms. The request for refills would not be indicated as providing multiple refills would not allow for period assessment of the efficacy of the medication prior to providing additional medication. Additionally, the request, as submitted, failed to indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Zanaflex 4mg #60 with 5 refills is not medically necessary.