

Case Number:	CM14-0184132		
Date Assigned:	11/12/2014	Date of Injury:	06/05/2014
Decision Date:	12/18/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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:

Injured worker is a male with date of injury 6/5/2014. Per primary treating physician's orthopedic spine surgery narrative progress report dated 10/8/2014, the injured worker complains of lower back pain which radiates down the left lower extremity, rated at 8/10 without the use of medications and reduces to 5/10 with the use of medications. On examination the injured worker walks with a normal gait and has a normal heel-toe swing through gait with no evidence of limp. There is no evidence of weakness walking on the toes or the heels. There is palpable tenderness of the paravertebral muscles bilaterally. There is no evidence of tenderness over the sacroiliac joints bilaterally. There is no tenderness over the sciatic notches. There is no tenderness over the flanks bilaterally. There is no tenderness over the coccyx. Sensation is intact in the bilateral lower extremities to light touch and pinprick. Lumbar range of motion is flexion 60/60, extension 13/25, left lateral bend 17/25, right lateral bend 20/25. Motor strength is 5/5 in bilateral lower extremities except left knee extension is trace/5. Straight leg raise is negative in the bilateral lower extremities at 90 degrees. Diagnoses include 1) left L4 and L5 radiculopathy with weakness 2) status post L4-5 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, quantity and number of refills unspecified, for the symptoms related to the lumbar as an outpatient between 10/8/2014 and 11/22/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no indication that the injured worker is suffering from spasticity. The injured worker had previously been taking baclofen. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 4mg, quantity and number of refills unspecified, for the symptoms related to the lumbar as an outpatient between 10/8/2014 and 11/22/2014 is determined to not be medically necessary.