

Case Number:	CM14-0184536		
Date Assigned:	11/12/2014	Date of Injury:	04/13/1999
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 4/13/1999 after falling. She was diagnosed with injury of cauda equine, lumbar injury, and chronic pain syndrome. She was treated with medications, including opioids, anti-epileptics, topical, anti-depressants, and muscle relaxants, and physical therapy (including home exercises). On 9/23/14, the worker was seen by her pain specialist, complaining of bilateral low back pain radiating to both legs rated at 10/10 on the pain scale. She also reported difficulty sleeping and doing exercises. She reported taking multiple medications including baclofen (on her medication list). No report on baclofen's influence on her overall activity or pain levels was reported. She was then recommended Zanaflex, which is another muscle relaxant.

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 Muscle relaxants Page(s): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, baclofen was recommended prior to this request. It is not known (not documented in the notes) how she used it and if it was effective or not for the purpose prescribed. Adding another muscle relaxant, as was done, seems inappropriate. Regardless, even if the baclofen was intended to be replaced by Zanaflex, which was not explained in the documents provided, chronic use of either of these medications is not recommended. Therefore, the Zanaflex is not medically necessary.