

Case Number:	CM14-0037499		
Date Assigned:	06/25/2014	Date of Injury:	06/06/2006
Decision Date:	08/14/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 injured worker is a 58-year-old female who was reportedly injured on June 6, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of low back ache and bilateral knee pain. Current medications include Ibuprofen, Flector patches, Glucosamine/Chondroitin, Miralax, Norco, Neurontin, Zanaflex, Simvastatin, Valium and Clonazepam. It was stated at this time that the injured employee has approached the point of maximum medical and psychological improvement. The physical examination demonstrated restricted range of motion of the lumbar spine limited by pain. There was tenderness over the lumbar spine paravertebral muscles and pain with lumbar facet loading on the right side. There was a normal lower extremity neurological examination. The results of diagnostic imaging studies were not reported. Previous treatment includes physical therapy and a home exercise program. A request had been made for Zanaflex and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

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 most recent progress note the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.