

Case Number:	CM14-0038255		
Date Assigned:	06/25/2014	Date of Injury:	06/23/2011
Decision Date:	08/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 and 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 56-year-old male who was reportedly injured on June 23, 2011. The mechanism of injury was noted as picking up an 80-pound box. The most recent progress note dated January 8, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. Current medications include Norco, Zanaflex and Flexeril. The physical examination demonstrated the ability to heel and toe walk. There was symmetrical lower extremity reflexes and strength. Diagnostic electromyogram studies of the lower extremities documented a left sided S1 radiculopathy. Previous treatment included lumbar spine surgery. A request was made for Zanaflex and Flexeril and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): pages 63-66 of 127.

Decision rationale: Zanaflex and Flexeril are both muscle relaxants indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the progress note dated January 8, 2014, the injured employee was prescribed both Zanaflex and Flexeril. Zanaflex was stated to help with muscle spasms during the day and Flexeril was stated to help with muscle spasms during the night as well as help with sleep. It is unclear why two muscle relaxants were needed for this same purpose. Without specific justification, this request for Zanaflex is not medically necessary.

Flexeril 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants (for pain), pages 63-66 of 127 Page(s): 63-66 of 127.

Decision rationale: Zanaflex and Flexeril are both muscle relaxants indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the progress note dated January 8, 2014, the injured employee was prescribed both Zanaflex and Flexeril. Zanaflex was stated to help with muscle spasms during the day and Flexeril was stated to help with muscle spasms during the night as well as help with sleep. It is unclear why two muscle relaxants were needed for this same purpose. Without specific justification, this request for Flexeril is not medically necessary.