

Case Number:	CM14-0039771		
Date Assigned:	06/27/2014	Date of Injury:	04/02/2010
Decision Date:	08/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a 58-year-old male with a 04/02/2010 date of injury. The mechanism of the injury was not described. The medical records dated from 11/26/2013-03/18/2014 describe, that the patient complains of total body pain, chronic fatigue and sleeping problems. The patient was last seen on 03/18/2014 complaining of constant moderate, dull and sharp chest wall pain. He also complained of a heavy feeling in the chest. The patient rates the pain 4-6/10 with medication and 6-8/10 without the medication. Exam findings revealed tenderness in the sternum and spasm on the thoracic paraspinal muscles and pectoralis muscles. The diagnosis is contusion of the chest wall, lumbosacral neuritis, anxiety, depression and Raynaud's syndrome. Treatment to date: home exercise program and multiple medication including narcotics. An adverse determination was received on 03/27/2014 given modified approval for Zanaflex 4 mg #20 to indicate downward titration and complete discontinuation of the medication, as long-term use was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient takes multiple medications, including narcotics. He was using Zanaflex for at least one month. Due to CA MTUS Guidelines, prolonged use of muscle relaxants is not recommended. It is not clear, what effect the medication had on patient's pain relief, if he experienced any side effects and there is no objective explanation for the use of the muscle relaxant in this patient. Therefore, the request for Zanaflex 4MG #90 is not medically necessary.