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| Case Number: | CM14-0062285 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 11/25/2003 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/26/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Pain Management 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:

The injured worker is a 63 year old male who sustained an injury on November 25, 2003. He is diagnosed with (a) spondylolisthesis at L4-L5 with moderate stenosis at L3-L4 and L4-L5, (b) lumbar radiculopathy, (c) lumbar degenerative disc disease, (d) lumbar spinal stenosis, and (e) lumbar myofascial pain syndrome. He was seen on October 10, 2013 for an orthopedic evaluation. He reported experiencing occasional muscle spasms of the lower extremities. He was taking medication and noted functional improvement and pain relief. Examination of the lumbar spine revealed limited range of motion. Muscle strength of the lower extremities was intact. Zanaflex was prescribed and included among his medications. On October 18, 2013, November 8, 2013, December 13, 2013, February 14, 2014 and March 14, 2014, he was seen for pain management consultation. He presented with complaints of persistent low back pain and muscle spasm. Examination of the lumbar spine demonstrated moderate tenderness over the left mid to distal lumbar segments with some minimal palpable spasm. Increased pain was noted with straight leg raising test of the left lower extremity at 45 degrees with some L5 dermatomal distribution of dysesthesia. On January 9, 2014, he was re-evaluated. He reported low back pain. Examination of the lumbar spine revealed tenderness over the lower lumbar paravertebral musculature. Range of motion was limited. There was positive sitting straight leg raising test on the right. Prescription refills for Zanaflex were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Zanaflex 2mg #60 with 2 refills: 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.

Decision rationale: The request for Zanaflex 2 milligrams #60 is not considered medically necessary at this time. According to the California Medical Treatment Utilization Schedule, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking Zanaflex since October 10, 2013 and continued to receive prescription refills until January 9, 2014. With this, prolonged use of Zanaflex has been noted. This has gone beyond the recommendation of the guidelines. In addition, referencing his exam visits submitted for review, objective findings for presence of muscle spasms ranged from minimal to none. This can be managed conservatively without the need for medications. Hence, the inclusion of Zanaflex in the injured worker's pharmacological regimen is unnecessary.