

Case Number:	CM14-0069143		
Date Assigned:	07/14/2014	Date of Injury:	11/07/2011
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/14/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date on 11/07/2011. Based on the 04/21/2014 progress report provided by the treating physician, the diagnoses are lumbar radiculopathy and chronic lumbar pain. According to this report, the patient complains of low back pain and lower extremities symptoms. Prolonged standing, walking, bending and twisting would aggravate the symptoms. The patient's current medication includes Tramadol, Neurontin and Zanaflex and denies nausea, vomiting, constipation, over-sedation or epigastric pain. Physical exam reveals spasm and tenderness of the lower lumbar spine. Range of motion is restricted. There were no other significant findings noted on this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg Quantity: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Page(s): 66.

Decision rationale: According to the 04/21/2014 report by [REDACTED] this patient presents with low back pain and lower extremities symptoms. The treater is requesting Zanaflex 4mg #90. Zanaflex, a muscle relaxant was first noted in the 01/13/2014 report. The MTUS guidelines page 66 state "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." MTUS supports the use of Zanaflex for low back pain, myofascial pain and fibromyalgia pain. This patient presents with chronic low back pain almost 3 years. The 03/10/2014 report mentions "current regimen of medication helps him partially and temporarily." Recommendation is for authorization.