MAXIMUS Federal Services

Case Number:	CM14-0070359		
Date Assigned:	07/14/2014	Date of Injury:	12/24/2003
Decision Date:	12/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal 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:

Pursuant to the most recent (handwritten, and partly illegible) progress note dated February 18, 2014, the Injured Worker (IW) complains of low back pain radiating into both legs with numbness and tingling that is unchanged. She has constant moderate to severe pain. She is scheduled for L/S surgery on February 20, 2014. Objective physical findings revealed L/S: no swelling, tender paraspinals with (?-illegible) mild spams/guarding. Positive straight leg raise test bilaterally. Decreased sensation to bilateral L4-S1 dermatomes bilaterally. The IW was diagnosed with L/S sprain/strain with bilateral lower extremity radiculopathy, 2 mm disc bulge at L4-S1, positive (?-illegible), Coccygodynia, bilateral SI joint sprain, and Gastrointestinal (GI) bleed secondary to medication use. Current medications include Tylenol #3, Zanaflex, Neurontin, and Ultracin lotion, and Prilosec 20mg. Documentation indicated that the IW has been taking Zanaflex since at least October 29, 2013. The provider is recommending medication refills, and to proceed with scheduled L/S surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex #90 (dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex #90 (dosage unspecified) is not medically necessary. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases of low back pain, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. In this case, a review of the medical record shows the injured worker was on Zanaflex since October 29, 2013. The guidelines indicate this drug is for short term use (less than two weeks). There was no compelling clinical facts in the medical record indicating continued long-term Zanaflex use is appropriate. Consequently, Zanaflex #90 is not medically necessary. Additionally the dosage of Zanaflex is unspecified. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Zanaflex #90 (dosage of specified) is not medically necessary.