

Case Number:	CM14-0074734		
Date Assigned:	07/16/2014	Date of Injury:	09/18/2013
Decision Date:	10/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old male who was injured on 9/18/2013. The diagnoses are headache and neck pain. The patient had completed physical therapy (PT), chiropractic treatments, acupuncture and trigger points injections. There is a recent authorization for a repeat PT program. On 5/14/2014, [REDACTED] noted subjective complaints of headache, short term memory loss, dizziness and neck pain. The pain score was 5/10 on a scale of 0 to 10. There was decreased range of motion of the cervical spine and tender points on the trapezius muscle. The MRI of the cervical spine showed multilevel facet arthropathy. The medications are Vicodin for pain and Zanaflex for muscle spasm. A Utilization Review determination was rendered on 5/20/2014 recommending modified certification for Zanaflex 4mg #30 2 refills to no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Antispasmodics Page(s): 63-66. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG recommend that muscle relaxants and antispasmodics can be utilized for short term treatment of exacerbations of chronic musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The records indicate that the patient previously improved with PT treatments. A new course of PT was recently authorized. The chronic use of muscle relaxants is associated with tolerance, decreased efficacy, sedation, addiction and adverse interactions with other medications. There is subjective complaints of dizziness and short term memory deficits. The criteria for the use of Zanaflex 4mg #30 2 refills was not met.