

Case Number:	CM14-0171529		
Date Assigned:	10/23/2014	Date of Injury:	07/20/1999
Decision Date:	01/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Rehabilitation, 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 an 81 year old male with an injury date of 07/20/99. Based on the 07/02/14 progress report, the patient complains of low back pain and uses a walker with a seat. The patient's range of motion is decreased by 25% and sensory exam shows decreased sensation in the bilateral calves. The 09/15/14 report states that the patient has tenderness to palpation over L4-5 as well as the SI joints. He has trigger points at L4, L5, and the left sciatic region. The patient's diagnoses include the following: 1. SP LS surgery (2000) 2. SP LS surgery x 4 (2000) 3. SP pain stim LS spine (2005) 4. Diabetes (2009) 5. Hypertension (2009) 6. Gastritis (2009) The utilization review determination being challenged is dated 09/16/14. Four treatment reports were provided from 04/04/14, 07/02/14, 09/15/14, and 10/02/14 (all reports were brief).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 60-61, 66.

Decision rationale: According to the 07/02/14 report, the patient presents with low back pain and uses a walker with a seat. The request is for ZANAFLEX 6 MG #30. The patient has been taking Zanaflex as early as 04/04/14. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Patient's diagnoses dated 09/15/14 include low back pain; however, the treater does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function. Page 60 of MTUS states that when medications are used for chronic pain, recording of pain and function needs to be provided. The request for Zanaflex is not medically necessary.