

Case Number:	CM14-0177548		
Date Assigned:	10/31/2014	Date of Injury:	03/17/2008
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

Patient is a 58 year-old female with date of injury 03/17/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as low back pain with radicular symptoms to the lower right extremity. Objective findings: Examination of the lumbar spine revealed tenderness to palpation with spasm and guarding of the bilateral paraspinal muscles. A tight muscle band was noted in the paraspinal muscles. Range of motion was limited in all directions. Straight leg raising test was positive on the left. Diagnosis: 1. Cervical spondylosis without myelopathy 2. Spondylosis lumbosacral 3. Sciatica 4. Cervical spinal stenosis 5. Disorders sacrum 6. Pain in joint, lower leg 7. Lumbago. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Zanaflex Cap 4mg SIG: 1 tablet every 8 hours a needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex cap 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for at least 6 months. Zanaflex cap 4 mg is not medically necessary.