

Case Number:	CM14-0187997		
Date Assigned:	11/18/2014	Date of Injury:	01/13/2010
Decision Date:	01/30/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/11/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 injured worker is a 59-year-old female with a date of injury of 01/13/2010. Her mechanism of injury was not included in the medical record. Her diagnoses included neck pain, thoracic spine pain, lumbar pain, left knee pain, depression and anxiety. Her past treatments included physical therapy. Her medications included Percocet 5/325, Relafen 750 mg, Cymbalta 30 mg, Zanaflex 4 mg, baclofen 20 mg. Her diagnostic studies included urine drug screens, MRI of her cervical spine, electromyography of her bilateral upper extremities. The clinical note 10/21/2014 indicated she had complaints of knee pain, neck pain with numbness that radiates down to the thumb and index finger bilaterally, and spinal pain. Her physical exam findings document a left knee range of motion from 0 to 110, a decreased cervical range of motion with flexion and rotation with cervical compression, radiation of paresthesia to the thumb and index finger of her right hand. Her treatment plan included continuing with her pain medications, antidepressant and muscle relaxers, and followup in 1 month. Her surgical history has included removal of left knee hardware on 09/15/2014. The rationale for the request is pain relief. The Request for Authorization Form is signed and dated 10/29/2014 in the medical record. The request for #60 Zanaflex 4 mg is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 10/03/2014) for 60 Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for #60 Zanaflex 4 mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however they show no benefit beyond NSAIDs in pain and overall improvement. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The injured worker has been prescribed Zanaflex since at least 08/2014, the guidelines specifically state non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbations. Documentation indicates this is chronic pain. The documentation submitted for review does not support the request. Therefore the request is not medically necessary.