

Case Number:	CM14-0193507		
Date Assigned:	12/01/2014	Date of Injury:	09/20/2004
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Geriatrics and is licensed to practice in New York. 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:

This 66 year old male sustained a work related injury on 9/20/2004. The current diagnoses are displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, depressive disorder, and lumbosacral neuritis. According to the progress report dated 10/14/2014, the injured workers chief complaints were bilateral low back pain. Associated symptoms include bilateral lower extremity weakness. The physical examination revealed antalgic gait, favoring the right. Current medications include Gabapentin, Lidoderm 5%, Norco, Tramadol, and Zanaflex. On 9/26/2014, the injured worker had an epidural steroid injection. He reports a gradual improvement in pain level. Pain went from 9/10 to a 4-5/10 currently. On this date, the treating physician prescribed Zanaflex, which is now under review. The Zanaflex was prescribed specifically for muscle spasms. On 11/4/2014, Utilization Review had non-certified a prescription for Zanaflex 4mg. The Zanaflex was non-certified based on limited objective documentation of varying pain levels in the injured workers records. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg tablet sig: 1 tablet q 6-8 hours as needed QTY: 45 refills: 2: Upheld

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

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2004. The medical course has included use of medications including muscle relaxants. According to the MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any spasm on physical exam or significant improvement in pain or functional status to justify use. The medical necessity for Zanaflex is not supported in the records. Therefore, this request is not medically necessary.