

Case Number:	CM14-0198759		
Date Assigned:	12/09/2014	Date of Injury:	06/15/2002
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51 year old male who sustained a work related injury on 06/15/2002. The mechanism of the injury was not documented in the clinical records submitted for review. The most recent physician report dated 10/16/2014 the evaluating physician documented that the injured worker presented with complaints of worsening pain in his back, severe cramps in the left side of his back and shooting pain which extends down his left buttock and leg. Current diagnosis consists of displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatments have included medications, stretching exercises and chiropractic treatments periodically which the injured worker states are helpful. The injured worker continues to work as a farm laborer; work duties involve driving a tractor most of the time, which the injured worker stated aggravates his back. The most recent physical evaluation dated 10/16/2014 the examining physician documented the injured worker continues to be symptomatic with of low back rigidity in the lumbar trunk, muscle spasm, left-sided back pain which extended into the left buttock and thigh, sensitivity to light touch and pinprick at the left lateral calf and bottom of his left foot and noted left sided limp. The treating physician is requesting a refill for 1 prescription of Zanaflex 6mg #60. On 10/29/2014 a utilization review was performed and recommended the request for the Zanaflex 6mg #60 for modification. According to CA MTUS guidelines muscle relaxants are recommended for short term treatment of acute exacerbations in patients with chronic low back pain; evidence of acute exacerbation were not submitted in the clinical records submitted for review. CA MTUS guidelines do not recommend abrupt discontinuation of Zanaflex due to the risk of withdrawal. Therefore based on the clinical records submitted and CA MTUS guidelines the request for 1 prescription of Zanaflex 6mg #60 was recommended to be modified to a certification of 1 prescription of Zanaflex 6mg #45 with the remaining #15 being denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 51 year old male has complained of lower back pain since date of injury 6/15/02. He has been treated with physical therapy, chiropractic therapy and medications to include Zanaflex since at least 04/2014. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient far exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not medically necessary.