

Case Number:	CM14-0208125		
Date Assigned:	12/22/2014	Date of Injury:	01/03/2002
Decision Date:	02/13/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 67-year-old woman who sustained a work-related injury on January 3, 2002. Subsequently, the patient developed a chronic low back pain and knee pain. . According to the most recent progress report, the patient was complaining of ongoing back pain, knee pain for which she underwent right total knee replacement, muscle spasm and pain radiating to both lower extremities with a severity rated 10 over 10 without medications and 4/10 with medications. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. An MRI lumbar spine demonstrated the degenerative disc disease EMG nerve conduction studies of both lower extremities demonstrated bilateral L4-L5 and S1 radiculopathy. The patient continued to have pain despite pain medications. The provider requested authorization for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Zanaflex 2mg #60.: Upheld

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

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for a long time. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the Prospective request for 1 prescription for Zanaflex 2mg #60 is not medically necessary.