

Case Number:	CM15-0145571		
Date Assigned:	08/06/2015	Date of Injury:	03/30/2001
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female sustained an industrial injury on 3-30-01. She subsequently reported back pain. Diagnoses include lumbar post laminectomy syndrome. Treatments to date include x-ray and MRI testing, back surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral upper extremities. Upon examination, there was antalgic gait noted. Lumbar range of motion was noted. Tenderness was noted in the lumbar paravertebral muscles. Lumbar facet loading and sitting straight leg raising tests were positive bilaterally. A request for Zanaflex 4mg #30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Zanaflex 4mg #30. The treating physician report dated 7/8/15 (1327B) states, "Patient rates her pain with medications as 8 on a scale of 1 to 10. Patient reports her pain without medications as 10 on a scale of 1 to 10." The report goes on to state, "Patient continues to work as a teacher with the aid of her medications." The MTUS Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. In this case, the patient presents with lumbar radiculopathy and the treating physician has documented functional improvement from the use of the medication. Furthermore, the physician has expressed the desire to taper the medication as stated in the report dated 7/8/15 (1332B), "CONT Zanaflex 4mg daily PRN will cont to try and taper medication at f/u in 4 weeks." The current request is medically necessary.