

Case Number:	CM15-0165270		
Date Assigned:	09/02/2015	Date of Injury:	01/15/2015
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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

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:

The injured worker is a 41 year old female, who sustained an industrial injury on 1-15-2015. Diagnoses include carpal tunnel syndrome, pain in joint pelvic region and thigh and sprain-strain of lumbosacral. Treatment to date has included diagnostics, medications and physical therapy. Magnetic resonance imaging (MRI) of the lumbar spine dated 4-10-2015 showed a 2mm broad based generalized disc annular bulge at L4-5 and L5-S1, otherwise unremarkable. MRI of the right hip dated 4-27-2015 showed bilateral adnexal cysts likely of ovarian origin, no lymphadenopathy and no free fluid in the pelvis. Per the Primary Treating Physician's Progress Report dated 7-10-2015, the injured worker reported severe neck, right scapular, and low back and sacroiliac joint pain. Physical examination revealed weakness, muscle spasm and restricted range of motion. The plan of care included physical therapy, exercise program, and medications. Authorization was requested for Zanaflex #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic January 2015 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex #60 is not medically necessary and appropriate.