

Case Number:	CM15-0166129		
Date Assigned:	09/03/2015	Date of Injury:	02/20/2007
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
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, 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:

The injured worker is a 65 year old female with an industrial injury dated 02-20-2007. The injured worker's diagnoses include history of abdominal aortic aneurysm and right leg arterial occlusion, chronic low back pain with history of lumbar fusion from 2013, and other medical conditions including Cushing's syndrome, COPD, history of sepsis, stroke and neuropathy in the legs. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated "07-07-2014", the injured worker presented for further evaluation of low back pain and right lower extremity pain on 07-07-2015. The treating physician noted that the injured worker was last seen on 05-11-2015. Objective findings revealed oxygen mask related to a diagnosis of pneumonia back in November, difficulty with prolonged sitting and standing, tenderness across lumbosacral junction, and pain over right inguinal ligament region. The treatment plan consisted of medication management and vascular surgeon referral. The treating physician prescribed one prescription of Zanaflex 4mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the low back. The current request is for 1 prescription of Zanaflex 4mg #60. The treating physician report dated 7/7/15 (Incorrectly dated as 7/7/14) (20B) states, "tizanidine 4 mg 1 to 2 tablets a day as needed for muscle spasms." The report goes on to note that a QME recommended a muscle relaxer to go with medications for pain on 7/6/15. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The medical reports provided do not show that the patient has been prescribed Zanaflex previously. In this case, the patient presents with low back pain accompanied with spasms and the treating physician is prescribing Zanaflex on an as needed basis to provide the patient relief of their symptoms. The current request satisfies the MTUS guidelines as outlined on page 66. The current request is medically necessary.