

Case Number:	CM15-0195989		
Date Assigned:	10/29/2015	Date of Injury:	09/18/2001
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: Pennsylvania, Ohio, 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 72-year-old female who sustained an industrial injury on 9-18-2001. A review of medical records indicates the injured worker is being treated for other chronic pain, degenerative lumbosacral intervertebral disc, thoracic lumbosacral neuritis, radiculitis unspecified, other symptoms referable to back, and unspecified myalgia and myositis. Medical records noted no change in past medical history, review of systems, or social history. Physical examination noted no tenderness in the lumbar area. There was full painless range of motion of the thoracic and lumbar spine. There was an antalgic gait. Treatment has included Zanaflex since at least 10-13-2014. Utilization review form non-certified Zanaflex 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

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

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

Decision rationale: MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason, an initial physician review recommended non-certification of this medication. With specific regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain; however, such use, while acceptable, is off-label and would require specific documentation of the reason for off-label treatment and the efficacy of such treatment. As multiple prior physician reviews have noted, there is very limited information to document subjective or objective benefit from this medication, particularly given the chronicity of this injury and given the extent of polypharmacy in this case. For these multiple reasons, this request is not medically necessary.