

Case Number:	CM15-0200026		
Date Assigned:	11/10/2015	Date of Injury:	07/08/1993
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 was a 54 year old male, who sustained an industrial injury, July 8, 1999. The injured worker was undergoing treatment for lumbar spondylosis without myelopathy, lumbar degenerative disc disease, lumbar herniated disc, lumbar spinal stenosis and myofascial pain syndrome. According to progress note of September 8, 2015, the injured worker's chief complaint was a neck, mid back and low back. The injured worker continued to have chronic pain and migraines. The injured worker reported that lying down in a dark room helped the headaches. The injured worker rated the neck pain at 4 out of 10. The pain was described as stabbing and burning, equal on both sides, that radiates into the bilateral shoulders. The injured worker reported looking over the shoulder up or down with increase the pain and a pulling sensation, such as when driving. The injured worker reported a stabbing and burning pain, equal on both sides that radiated into the buttocks region bilaterally. The injured worker reported numbness and tingling in the left foot and 2nd digit. The physical exam noted the neck to have tenderness with palpation along the bilateral cervical paraspinal muscles, bilateral middle trapezius muscles with spasms. The range of motion was full with active range of motion in all planes. There was tenderness with palpation along the bilateral mid to lower lumbar and thoracic paraspinal muscles, worse on the left than the right and along the bilateral periscapular and rhomboid muscles with muscle spasms noted. There was full active flexion of the lumbar spine. The injured worker previously received the following treatments 24 sessions of physical therapy, 24 sessions of chiropractic therapy, transforaminal epidural steroid injections at L3, L4 and L5 with no relief, bilateral S1 joint injection with no relief, acupuncture with a bad experience,

Norco discontinued, Lidoderm patches discontinued, Zanaflex 4mg one tablet 2 times daily was discontinued according to the progress note of September 8, 2015, Ibuprofen 600mg as needed and Lidocaine Patches with good relief. The RFA (request for authorization) dated the following treatments were requested a new prescription for Zanaflex 4mg #30. The UR (utilization review board) denied certification on October 2, 2015; for a prescription for 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: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records. Therefore, the request is not medically necessary.