MAXIMUS Federal Services

Case Number:	CM15-0024171		
Date Assigned:	02/13/2015	Date of Injury:	08/13/2003
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational 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 is a 47 year old, male patient, who sustained an industrial injury on 08/13/2003. A primary treating office visit dated 12/09/2014, reported the patient having been seen last in this office on 10/28/2014; seen by pain management on 11/07/2014 with recommendation to stop the Neurontin, change to Lyrica, use Flexeril, continue Norco and follow up on 12/31/2014. An AME recommends epidural injections which have not been adminstered to date. Of note, there was no physical examination performed this visit. He was diagnsoed with degenerative lumbar/lumbosacral intervertbral discs; spinal stenosis of lumbar region; displacement of disc,without meylopathy and radiculopathy, thoracic/lumbar regions. On 01/19/2015, a request was made for medicaton Zanaflex. On 01/27/2015, Utilization Reveiw, non-certified the request, noting the CA MTUS, Chronic Pain, Anti-Spasmotics, Opiods, were cited. On 02/09/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg 1 three (3) times a day #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Page 63.

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 2mg 1 three (3) times a day #90 with 2 refills is not medically necessary.