

Case Number:	CM15-0025416		
Date Assigned:	02/17/2015	Date of Injury:	05/23/2014
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female, who sustained an industrial injury on May 23, 2014. The diagnoses have included sacroiliac syndrome, lumbar spine stenosis, lumbar degenerative disc disease and radiculopathy. Treatment to date has included lumbar transforaminal epidural steroid injections, medication, and physical therapy. Currently, the injured worker complains of complains of low back pain of which she has not noticed improvement. On examination, the injured worker had decreased sensation along the right toes, a diminished patellar reflex and a positive straight leg raise. On January 8, 2015 Utilization Review non-certified a request for Zanaflex 2 mg 1-2 by mouth every 8 hours #180, noting that the long term use of Zanaflex is not supported in the guidelines. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of Zanaflex 2 mg 1-2 by mouth every 8 hours #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 12/30/14): Zanaflex 2mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), anti-spasmodic, Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic low back pain. Zanaflex is being prescribed on a long-term basis. She is noted to be working. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The quantity being prescribed is consistent with ongoing long-term use. It is therefore not medically necessary.