

Case Number:	CM15-0028393		
Date Assigned:	02/23/2015	Date of Injury:	11/03/1998
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male, who sustained an industrial injury on November 3, 1998. The diagnoses have included chronic pain syndrome, lumbar back pain, lumbar radiculopathy, degenerative disc disease, anxiety, depression, insomnia, and opioid dependence. Treatment to date has included ACL repair right knee 2000, physical therapy, bracing, and medications. Currently, the injured worker complains of pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, bilateral hands, bilateral knees, abdomen, bilateral low back, bilateral ankles/feet, and the groin. The Treating Physician's report dated December 26, 2014, noted the lumbar spine with tenderness to palpation, decreased range of motion (ROM) of the torso, an antalgic gait, and bilateral leg radicular symptoms with positive bilateral straight leg test at 30 degrees onset of pain. On January 23, 2015, Utilization Review non-certified Zanaflex 4mg Quantity 60, noting that the injured worker had been taking the Zanaflex for at least two years and a refill for 60 tablets indicated long-term use rather than short-term treatment of acute exacerbation as recommended by the guidelines. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 16, 2015, the injured worker submitted an application for IMR for review of Zanaflex 4mg Quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 24; 63-67; 68-69; 78-86; 100; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 58 year old male has complained of lower back pain since date of injury 11/3/98. He has been treated with physical therapy and medications to include zanaflex for at least 12 months duration. The current request is for zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.