MAXIMUS Federal Services

Case Number:	CM15-0036003		
Date Assigned:	03/04/2015	Date of Injury:	06/02/1997
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 61-year-old female who sustained an industrial injury on 05/02/1997. Current diagnoses include chronic mechanical lower back pain and multilevel degenerative disc disease. Previous treatments included medication management. Report dated 11/24/2014 noted that the injured worker presented with complaints that included chronic low back pain. Pain level was rated as 7-8 out of 10 on the visual analog scale (VAS). Physical examination was not included. Utilization review performed on 01/23/2015 non-certified a prescription for Zanaflex, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 61-year-old patient presents with lower back pain and multilevel disc degenerative disc disease in her neck, rated at 7-8/10, as per progress report dated 11/24/14. The request is for ZANAFLEX 4 mg, NINETY COUNT. There is no RFA for this case, and the patient's date of injury is 05/02/97. Medications, as per progress report dated 11/24/14, included Duragesic patch, Norco, Celexa, Zanaflex, Klonopin and Trazodone. The progress reports do not document the patient's work status. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, Zanaflex is noted in progress reports dated 09/25/14 and 11/24/14. The treater, however, does not specifically document an improvement in pain or function due to the medication. Although most muscle relaxants are approved for short-term use, Zanaflex can be used for extended periods of time. Nonetheless, given the lack of documentation about efficacy, this request IS NOT medically necessary.