

Case Number:	CM15-0056352		
Date Assigned:	04/01/2015	Date of Injury:	05/15/2012
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 05/15/2012. Currently, the injured worker complains of neck pain. Pain was rated 6 on a scale of 1-10. Her average pain level for the month was rated 6 and got as high as 8.5. With medications, pain level come down to 3. She had completed 4 sessions of physical therapy. Current medications included Percocet, Lexapro and Zanaflex. Objective findings were noted as no significant change. Diagnoses included status post revision surgery, C5 to C7 on 03/18/2014, status post cervical discectomy and fusion at C5-C6 and C6-C7 on 08/21/2012, pseudoarthrosis at C5-C6 and C6-C7 with intervertebral piece abutting up against the anterior plate seen on CT (computed tomography) scan on 01/29/2013 and anemia that developed status post cervical surgery. Treatment plan included Percocet, Lexapro and Zanaflex. Documentation submitted for review shows that the injured worker has been utilizing Percocet Zanaflex and Lexapro since September 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Zanaflex is not medically necessary.