

Case Number:	CM15-0060024		
Date Assigned:	04/06/2015	Date of Injury:	03/07/2014
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey
 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 46 year old female, who sustained an industrial injury on March 7, 2014. The injured worker had reported low back pain. The diagnoses have included lumbar disc protrusion with radiculopathy on the left and lumbar sprain/strain. Treatment to date has included medications, radiological studies, lumbar injection, electrodiagnostic studies and physical therapy. Current documentation dated February 19, 2015 notes that the injured worker reported persistent and increasing low back pain with radiation to the left buttock and left lower extremity with associated numbness and tingling. Physical examination of the lumbar spine revealed flattening of the normal lordosis, tenderness to palpation, spasms and a limited range of motion. A straight leg raise test was positive on the left side. Sensation was decreased to light touch and pinprick in the left lower extremity. The treating physician's plan of care included a request for Zanaflex 4 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, who had been using Zanaflex chronically leading up to this request for renewal, there was no indication to continue it as the request suggested an intention to treat chronically and not for an acute flare of muscle spasm. Therefore, the requested Zanaflex 4 mg #60 will be considered not medically necessary.