

Case Number:	CM15-0083917		
Date Assigned:	05/06/2015	Date of Injury:	12/08/2012
Decision Date:	06/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old male, who sustained an industrial injury on December 8, 2012, incurring neck and low back injuries after a motor vehicle accident. He was diagnosed with cervical disc disease, cervical radiculopathy, cervical spinal stenosis, and lumbago. Treatments included physical therapy, home exercise program, epidural steroid injection, anti-inflammatory drugs, antidepressants and pain medications. The injured worker underwent a lumbar fusion. In June 2014, the injured worker complained of pain, ten out of ten on the pain scale and muscle spasms. He was treated with muscle relaxants. Currently, the injured worker complained of ongoing neck and low back pain and spasms. The treatment plan that was requested for authorization included a prescription for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment without objective evidence of spasm, etc. on physical exam, the quantity of medications currently requested cannot be considered medically necessary and appropriate.