

Case Number:	CM14-0123018		
Date Assigned:	08/06/2014	Date of Injury:	12/08/2005
Decision Date:	10/31/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old female with an injury date of 12/08/05. Per the 07/02/14 report by [REDACTED], the patient presents with a flare up of right sided neck pain and muscle cramps rated 8/10. She also presents with lower back pain rated 6/10. Without medications pain can be 10/10. The patient is working. Examination reveals limited range of motion of the neck and cervical compression causes pain but it does not radiate. Upon palpation there is muscle spasm of the right cervical paraspinal and cervical trapezius muscles. Examination of the lower back reveals limited motion. The patient's diagnoses include: Neck pain. History of cervical sprain/strain with underlying severe cervical spondylosis per imaging studies. Lumbar sprain/strain with lumbar DJD and facet arthrosis Cervicogenic headaches related to neck injury Current medications are listed as Naprosyn, Norco, and Zanaflex. The utilization review being challenged is dated 07/04/14. Reports were provided from 02/05/14 to 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #30 for Progressive Wean: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics/ Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The patient presents with neck pain and muscle cramps rated 8/10 and lower back pain rated 6/10. The treater requests for Zanaflex 6 mg #30 for progressive wean. The reports provided show the patient has been taking this medications since at least 02/05/14. MTUS Antispasticity/Antispasmodic Drugs page 66 states this medication is supported for spasticity from stroke or spinal cord injury, low back pain, myofascial pain and fibromyalgia. The treater states that Zanaflex is used occasionally for muscle spasms. On 04/30/14 the treater states the patient's combined medications which include Zanaflex provide a 50% pain improvement and the 07/02/14 report states the patient's medications help the patient's function. In this case, the patient presents with lower back pain with spasms on palpation. The medication is supported for lower back pain per MTUS. Recommendation is for authorization.