

Case Number:	CM14-0123489		
Date Assigned:	08/08/2014	Date of Injury:	01/13/2003
Decision Date:	10/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 01/13/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar radiculopathy, post laminectomy syndrome, and low back pain. Previous treatments included medication, epidural steroid injections, surgery. The diagnostic testing included x-rays, MRI, and EMG/NCV. Within the clinical note dated 06/25/2014, it was reported the injured worker complained of lower back ache with right lower extremity pain. She rated her pain 5/10 in severity with medication and 8/10 without medication. The medication regimen included Lidoderm patch, Zanaflex, Neurontin, tramadol, Levothyroxine, Simvastatin. Upon the physical examination, the provider noted the lumbar spine revealed a restricted range of motion of flexion at 40 degrees and extension at 10 degrees. The injured worker had tenderness to palpation of the paravertebral muscles and tight muscle band noted on both sides. A straight leg raise and Gaenslen's test were noted to be positive. The right knee had restricted range of motion with flexion limited to 110 degrees and limited by pain. The provider requested Zanaflex; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg tab #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63, 64..

Decision rationale: The injured worker is a 54-year-old female who reported an injury on 01/13/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar radiculopathy, post laminectomy syndrome, and low back pain. Previous treatments included medication, epidural steroid injections, surgery. The diagnostic testing included x-rays, MRI, and EMG/NCV. Within the clinical note dated 06/25/2014, it was reported the injured worker complained of lower back ache with right lower extremity pain. She rated her pain 5/10 in severity with medication and 8/10 without medication. The medication regimen included Lidoderm patch, Zanaflex, Neurontin, tramadol, Levothyroxine, Simvastatin. Upon the physical examination, the provider noted the lumbar spine revealed a restricted range of motion of flexion at 40 degrees and extension at 10 degrees. The injured worker had tenderness to palpation of the paravertebral muscles and tight muscle band noted on both sides. A straight leg raise and Gaenslen's test were noted to be positive. The right knee had restricted range of motion with flexion limited to 110 degrees and limited by pain. The provider requested Zanaflex; however, a rationale was not submitted for clinical review. The Request for Zanaflex 2 mg tab #30 is not medically necessary.