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| Case Number: | CM14-0129991 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 12/21/2010 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 Occupational Medicine 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:

According to the records made available for review, this is a 57-year-old female with a 12/21/10 date of injury. At the time (6/6/14) of the request for authorization for Zanaflex 2 mg 1 BID #60, there is documentation of subjective (pain in the cervical spine that radiates to the bilateral shoulders and into the fingertips with associated weakness, numbness, and tingling sensation; she also complains of pain in the lumbar spine that radiates to the right leg and into the feet with numbness and tingling sensation) and objective (gait is antalgic on the right, mild tenderness to palpation and spasm noted over the cervical paraspinal muscles extending to the bilateral trapezii, axial head compression is positive bilaterally, Spurling sign is positive bilaterally, facet tenderness noted over the C4 through C7, decreased cervical spine range of motion, decreased right shoulder range of motion, decreased sensation in the C6 and C7 dermatomes bilaterally, elbow flexors and elbow extensors 4/5 strength bilaterally, diffuse tenderness to palpation noted over the lumbar paraspinal muscles, moderate-to-severe facet tenderness noted, positive sacroiliac tenderness, positive Fabere's/Patrick, positive sacroiliac thrust test, positive Yeoman's, decreased lumbar range of motion, and decreased sensation in the L3, L4, and L5 dermatomes on the right) findings, current diagnoses (cervical disc disease, cervical radiculopathy, cervical facet syndrome, status post right shoulder arthroscopy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (medication including ongoing use of muscle relaxants). There is no documentation of spasticity; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Zanaflex; and intended short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Muscle relaxants (for pain) Page(s): page 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, cervical radiculopathy, cervical facet syndrome, status post right shoulder arthroscopy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. However, there is no documentation of spasticity. In addition, given documentation of ongoing use of muscle relaxants, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Zanaflex. In addition, there is no documentation of intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 2 mg 1 BID #60 is not medically necessary.