

Case Number:	CM14-0135516		
Date Assigned:	08/29/2014	Date of Injury:	09/28/2005
Decision Date:	09/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old male who reported an injury on 09/29/2005. The diagnoses included 3-level lumbar discogenic pain, foraminal stenosis, degenerative disc disease at L4-5, and annular tear. Previous treatments included medication. Diagnostic testing included an x-ray. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of persistent low back pain. He rated his pain 9/10 in severity. The provider did not document a physical examination. The medication regimen included Norco, Cymbalta, Wellbutrin, Elavil, Promolaxin, fenofibrate, Zanaflex, and Flexeril. The request submitted is for Zanaflex. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 take 1 2xday: 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, 64.

Decision rationale: The request for Zanaflex 4 mg #60, take 1 two times a day, is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 05/2007, which exceeds guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request is not medically necessary.