

Case Number:	CM14-0144423		
Date Assigned:	09/12/2014	Date of Injury:	06/17/2009
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family 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:

This injured worker's date of injury is 06/17/2009. Medical records regarding the original injury were not provided. This patient receives treatment for chronic pain consisting of: upper and lower back pain radiating down the right leg, neck pain, headaches, and major depression. Medications include hydrocodone, ibuprofen, and Flector patches. Medical diagnoses include displacement of lumbar disc without myelopathy, cervicgia and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg Quantity : 30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics. 12th edition, McGraw Hill. 2010; Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; Physicians Desk Reference 6th ed.; www.Rxlist.com; Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: Tizanidine (Zanaflex) is a muscle relaxer, specifically classified as an antispasticity drug. The documentation does not mention spasticity. Non-sedating muscle relaxers are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. This patient has chronic pain in multiple sites. Based on the documentation, Zanaflex is not medically indicated for this patient.