

Case Number:	CM14-0147122		
Date Assigned:	09/12/2014	Date of Injury:	04/08/2014
Decision Date:	12/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 28-year-old female with a 4/8/14 date of injury. At the time (7/22/14) of request for authorization for Zanaflex 30 mg, there is documentation of subjective (neck and low back pain) and objective (positive straight leg raise, positive Spurling's as well as Patrick's test, and decreased sensation over L5-S1 dermatome) findings, current diagnoses (lumbago, cervical radiculopathy, and lumbar facet dysfunction), and treatment to date (medications (including ongoing treatment with Gabapentin and Zanaflex since at least 6/9/14)). There is no documentation of acute exacerbations of chronic low back pain; and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Tizanidine (Zanaflex)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex) Page(s): 66. 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. 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 lumbago, cervical radiculopathy, and lumbar facet dysfunction. In addition, there is documentation of Zanaflex used as a second line option. However, despite documentation of pain, and given documentation of a 4/8/14 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Zanaflex since at least 6/9/14, there is no (clear) documentation for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 30 mg is not medically necessary.