

Case Number:	CM14-0093159		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2001
Decision Date:	09/17/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 and 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 44-year-old male who reported injury on 05/15/2001. The mechanism of injury was not provided. The diagnostic studies, surgical history and other therapies were not provided. The documentation of 06/18/2014 revealed the injured worker had complaints of low back pain, as well as worsening neck pain. The injured worker was noted to have a cervical MRI. The documentation indicated the injured worker's Soma and Zanaflex were denied for muscle spasms, and the injured worker had failed Flexeril due to side effects. The physical examination revealed the injured worker had a positive straight leg raise on the right with decreased range of motion of the back. The injured worker had decreased range of motion of the neck and the bilateral facet loading test was positive. There were sensory deficits in C6-7 dermatomes bilaterally, left greater than right. The injured worker's medications were noted to include Nabumetone oral tablet 750 mg, Norco 10/325 mg tablets, Prozac 20 mg capsules, and Baclofen 10 mg tablets ordered on 06/18/2014. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had previously trialed Flexeril and could not tolerate it due to side effects. There was; however, no documented rationale or physical examination findings to support the injured worker had muscle spasms. The duration of use could not specifically be established. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 4 mg #60 is not medically necessary.