

Case Number:	CM14-0093374		
Date Assigned:	09/19/2014	Date of Injury:	05/06/2000
Decision Date:	10/22/2014	UR Denial Date:	05/13/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 05/06/2000. The mechanism of injury was not provided. On 03/12/2014, the injured worker presented with complaints related to the lumbar spine. Upon examination, there was spasm noted to the lumbar spine, a positive right sided straight leg raise, and a positive right sided SI stress test. The diagnoses were lumbar spine sacral signs and symptoms, much of this note is handwritten and largely illegible. The provider recommended Zanaflex 4 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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

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

Decision rationale: The request for Zanaflex 4 mg with a quantity of 60 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 exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement, and efficacy appears to diminish over time. The prolonged use of some medications in this class may lead to dependence. There was lack of documentation of the injured workers. In addition, the provider's request does not include the frequency of the medication in the request as submitted. There was a lack of a complete and adequate pain assessment of the injured worker. As such, the medical necessity has not been established.