

Case Number:	CM14-0000314		
Date Assigned:	01/10/2014	Date of Injury:	10/26/1999
Decision Date:	06/02/2015	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 48 year old male, who sustained an industrial injury on 10/26/1999. He reported injury of his low back. The injured worker was diagnosed as having chronic low back pain syndrome, status post lumbar spine surgery, and chronic pain syndrome. Treatment to date has included medications, modified work, evaluations, and aqua therapy. The request is for Zanaflex. On 12/5/2013, he complained of low back pain. He rated his current pain as 2/10 and can increase to 8/10. He reported the pain radiates into the left leg and foot. The treatment plan included: reduction in narcotic medications, x-rays, Oxycontin, Dilaudid, Zanaflex, and Lyrica. The records indicate he utilized Zanaflex since at least July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX: 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 (for pain) Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to zanaflex to justify use. The medical necessity of zanaflex is not substantiated in the records.