

Case Number:	CM14-0211808		
Date Assigned:	12/24/2014	Date of Injury:	03/10/2004
Decision Date:	02/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 patient is a 44-year-old male who reported an injury on 03/10/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of sprain status post right ankle Achilles tendon, reflex sympathetic dystrophy, and lumbar spine degenerative disc disease. Past medical treatment consist of epidural steroid injections, gym membership, and medication therapy. Medications consist of Kazano, Lisinopril, Norco 10/325 mg, and Zanaflex 4 mg. On 04/24/2014, the injured worker underwent a UA which reported that the injured worker was consistent with prescription medications. On 12/10/2014, the injured worker complained of lumbar spine pain. The injured worker rated the pain at 10/10 without medication and 6/10 with medication. Medical treatment plan is for the injured worker to continue with medication therapy. Request for Authorization form was not submitted 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 Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tizanidine Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg #60 is not medically necessary. The California MTUS Guidelines recommend Zanaflex as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Additional benefit beyond NSAIDs in pain and overall improvement and efficacy appear to diminish over time. Prolonged use of some medications in this class may lead to dependence. The request as submitted was for Zanaflex 4 mg #60, exceeding the recommended guidelines for short term use. Furthermore, it was indicated in the submitted documentation that the injured worker had been on Zanaflex since at least 10/2014. Additionally, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.