

Case Number:	CM15-0002305		
Date Assigned:	01/13/2015	Date of Injury:	12/31/1999
Decision Date:	03/10/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/06/2015

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
 Certification(s)/Specialty: Emergency 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:

This 55 year old male sustained work related industrial injuries on December 31, 1999. The injured worker was diagnosed and treated for cervical facet arthropathy, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, chronic pain and cervical fusion surgery x2. Treatment to date has included diagnostic studies, radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated 10/13/14, the injured worker currently complains of low back pain radiating to the lower extremity with associated numbness in bilateral feet. The injured worker also complains of frequent muscle spasms in the lower back bilaterally and bilateral pain in hands. Lumbar exam revealed spasm, tenderness to palpitation, decreased sensitivity in right lower extremity and decrease strength. Straight leg raise was positive on the right. The treating physician prescribed Zanaflex 4mg #60 now under review. On December 13, 2014, the Utilization Review (UR) evaluated the prescription for Zanaflex 4mg #60. Upon review of the clinical information, UR non-certified the request for Zanaflex 4mg #60, noting the lack of clinical documentation to support medical necessity. The MTUS, ACOEM Guidelines was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of Zanaflex 4mg #60.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64, 66.

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain". Documentation supports ongoing prescribing of zanaflex. There is no documentation to support the IW's response to use of zanaflex. As noted, the guidelines recommend against use for chronic pain. Documentation does not support a new or acute exacerbation of injury. The request is not medically necessary.