

Case Number:	CM15-0112936		
Date Assigned:	06/19/2015	Date of Injury:	10/07/2008
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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: California
 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on October 7, 2008. The injured worker was diagnosed as having low back pain, lumbar stenosis, radiculitis, and degenerative disc disease (DDD), chronic pain syndrome, numbness, muscle pain and shoulder pain. Treatment to date has included epidural steroid injection, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medication. A progress note dated May 28, 2015 provides the injured worker complains of shoulder and back pain. He reports since his epidural steroid injection and the use of the Transcutaneous Electrical Nerve Stimulation (TENS) unit he no longer has tingling in the left leg and has it only at times in the right thigh. He rates the pain 3-4/10 with medication and 2-3/10 with medication. It is unchanged since his last visit. Physical exam notes lumbar tenderness on palpation. The plan includes Prilosec, Anaprox and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg # 60 with 3 refills: Upheld

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

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

Decision rationale: The requested Zanaflex 4mg # 60 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has shoulder and back pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg # 60 with 3 refills is not medically necessary.