

Case Number:	CM15-0127700		
Date Assigned:	07/14/2015	Date of Injury:	03/21/2014
Decision Date:	08/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational 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 year 31 old female who sustained an industrial injury on 3-21-14. Diagnoses are lumbar degenerative disc disease, clinically consistent lumbar radiculopathy, and right sacroilitis. In a progress report dated 5-23-15, a treating physician notes she complains of persistent low back pain. Pain is described as intermittent low back pain which is mostly a dull ache type of pain in the lumbar region and a tingling sensation in the sacral region. She has been taking 2 tablets of Tramadol as 1 was not helping with the pain. The combination of medications is helping significantly. Work status is to return to work and she continues to work full time. She is not a surgical candidate and was recommended for conservative treatment. Spasms are noted in the lumbar paraspinal muscles and stiffness in the lumbar spine and tenderness of the lumbar facet joints. Patrick test is positive on the right. MRI of the lumbar spine done 4-29-14 reveals focal central disc protrusion at L5-S1, mild retrolisthesis of L3-L4 and L4 on L5. She will start physical therapy in in one to two weeks and was encouraged to do home exercises. Medications are Zanaflex, Tramadol, and Celebrex. The requested treatment is Zanaflex 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In general, MTUS Guidelines do not recommend the chronic use of muscle relaxants, in particular sedating drugs are not recommended. The Guidelines do however allow room for an exception with the use of Zanaflex. The Guidelines note that Zanaflex is not habit forming, none sedating and that there is good medically literature supporting its use with chronic low back pain. Given that fact that this patient has returned to work and is able to manage the pain, the use of Zanaflex on an exceptional basis is consistent with Guidelines. The Zanaflex 4mg. #30 is medically necessary and appropriate.