

Case Number:	CM15-0144892		
Date Assigned:	08/05/2015	Date of Injury:	01/22/2004
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 a 56 year old female, who sustained an industrial injury on 1-22-04. The injured worker was diagnosed as having cervical pain, cervical radiculopathy, post cervical laminectomy syndrome, and lumbar radiculopathy. Treatment to date has included a transforaminal epidural steroid injection, C4-5 anterior cervical discectomy, C3-6 laminectomy, and medication. The injured worker had been taking Zanaflex since at least 5-18-15. Currently, the injured worker complains of cervical pain, thoracic pain, and lumbar pain. The treating physician requested authorization for Zanaflex 4mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex cap 4mg 1 bid; #60 with 1 refill: Upheld

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 AntiSpasticity/AntiSpasmodic Drugs Page(s): 66.

Decision rationale: MTUS 2009 describes Zanaflex as a centrally acting alpha2 adrenergic agonist that has been approved to treat muscle spasticity. Off label use for lower back pain has also been done with efficacy demonstrated. The patient is prescribed a beta blocker and three other centrally acting medications as well. The patient's condition is considered permanent and stationary and continues to be significantly functionally compromised for this 11 year old injury. The patient continues to endorse significant functionally limiting pain while on the current medication regimen. Zanaflex's primary indication is muscle spasticity and the patient is not diagnosed with a condition that is associated with muscle spasticity. The patient continues with significant pain limited function while on the current analgesic regimen which indicates that the Zanaflex is not effective. Therefore, this request for Zanaflex is not medically necessary.