

Case Number:	CM15-0025081		
Date Assigned:	02/17/2015	Date of Injury:	12/18/2004
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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, West Virginia, Pennsylvania
 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 64 year old male who sustained an industrial related injury on 12/18/04. The injured worker had complaints of low back pain, left posterior leg pain, right anterior leg pain, neck pain, and arm pain/numbness with headache. Diagnoses included lumbago, brachial neuritis/radiculitis, cervicgia, and thoracic/lumbosacral neuritis/radiculitis. Medications included Celebrex, Neurontin, Zanaflex, MS Contin, Methadone, and Dilaudid. The treating physician requested authorization for Zanaflex 4mg #60. On 1/14/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted muscle relaxants are recommended for a second-line option for short term treatment of acute exacerbations. There was no clear evidence in the medical records of acute exacerbation of muscle spasm. Therefore the request was non-certified.

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 Page(s): 63, 66.

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

Decision rationale: Guidelines recommend non-sedating muscle relaxants like, Zanaflex, as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. It also is approved for management of spasticity. In this case, there is no clear evidence of acute exacerbation of muscle spasm. Therefore, the request for Zanaflex 4 mg #60 is not medically necessary and appropriate.