MAXIMUS Federal Services

Case Number:	CM15-0070067		
Date Assigned:	04/17/2015	Date of Injury:	07/26/1999
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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 69 year old female with an industrial injury dated 07/29/2009. Her diagnoses/impression includes low back pain and lumbar laminectomy and fusion of lumbar 4-5. Prior treatments included medications, spine surgery and diagnostics. She presents on 03/09/2015 with complaints of worsening pain in her back, burning sensation in both legs and severe back spasms. She described her pain as 9/10 on the day of presentation. Physical examination revealed limited range of motion of the back. There was sensory loss in the right calf and bottom of her foot. Treatment plan included pain management with medications for pain and muscle spasms, pain consult, neurosurgery consult and follow up. The treating physician documents urine drug screens have been appropriate and she was under a narcotic contract with the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, #45: 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 muscle relaxants.

Decision rationale: Guidelines state that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations of pain in patients with chronic low back pain and for short term usage for less than two weeks for acute exacerbations. In this case, the patient complains of worsening pain, burning sensations in both legs and severe back spasms. Although use of Tizanidine may be appropriate short term, long term use of this medication is not recommended. Zanaflex 2 mg #45 is not medically appropriate and necessary.