

Case Number:	CM15-0073277		
Date Assigned:	04/23/2015	Date of Injury:	07/13/2005
Decision Date:	05/21/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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 53 year old male, who sustained an industrial injury on 7/13/05. The injured worker has complaints of lower back pain down both legs. The diagnoses have included lumbar degenerative disc disease; lumbar radiculopathy and lumbar spondylosis. Treatment to date has included norco; morphine sustained release; zanaflex; ambien; naproxen and omeprazole. The request was for zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Guidelines recommend Tizanidine in cases of spasticity, but states that it should not be continued in the absence of functional benefit or improvement. In addition, muscle relaxants are recommended as second line treatment of acute low back pain and short

term treatment of acute exacerbations in patient with chronic low back pain. In this case, there is no documentation of spasticity or improvement in functioning nor is there documentation that Zanaflex is used as a second line option. The request for Zanaflex 4 mg #90 is not medically appropriate and necessary.