

Case Number:	CM15-0075090		
Date Assigned:	04/24/2015	Date of Injury:	09/15/2011
Decision Date:	05/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 55 year old female, who sustained an industrial injury on September 15, 2011. She has reported neck pain, back pain, and ankle pain. Diagnoses have included lumbago, cervical spine degenerative disc disease, cervical spine stenosis, lumbar spine degenerative disc disease, lumbar spine disc herniation, chronic myofascial pain, and depression. Treatment to date has included medications, acupuncture, transcutaneous electrical nerve stimulator unit, lumbar spine epidural steroid injection, imaging studies, and diagnostic testing. A progress note dated April 2, 2015 indicates a chief complaint of back pain, neck pain, and ankle pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested 1 prescription of Zanaflex 4mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has back pain, neck pain, and ankle pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 1 prescription of Zanaflex 4mg #60 is not medically necessary.