

Case Number:	CM15-0076872		
Date Assigned:	04/28/2015	Date of Injury:	01/15/2014
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 47-year-old female who sustained an industrial injury on 01/15/2014. Current diagnoses include right sided low back and right lower extremity pain, chronic right lateral epicondylitis, and history of aberrant medication use on urine drug screen. Previous treatments included medication management, acupuncture, physical therapy, and home exercise. Previous diagnostic studies include an MRI of the lumbar spine and urine drug screening. Report dated 03/10/2015 noted that the injured worker presented with complaints that included low back and right hip pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included prescribing medications, discussed urine drug screening results and why narcotic medications will not be prescribed, added a muscle relaxer to see if this provides relief, request for physical therapy, and follow up in 2 months. Disputed treatments include Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 4 times a day #240 (2 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: The patient is a 47-year-old female with an injury on 01/15/2014. On 03/10/2015, she had low back pain and right hip pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. In addition, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.