

Case Number:	CM14-0148844		
Date Assigned:	09/18/2014	Date of Injury:	01/27/2013
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported an injury on 01/27/2013 due to a slip. On 08/21/2014, the injured worker presented with sharp piercing pain that went around to his ribs. Current treatment included tramadol/acetaminophen, tizanidine, and cyclobenzaprine. Upon examination of the thoracic spine, there was tenderness to palpation between the T7 and T10 spinous processes on the left and increased sensation along the T6 and T7 dermatome on the left. The diagnoses were injury to the mid/lower thoracic spine secondary to wrenching. The provider recommended Zanaflex 4 mg #50; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Zanaflex 4mg #50 for progressive wean: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodic Page(s): 64-65.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show

no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider's request for Zanaflex 4 mg #50 exceeds the Guideline recommendation of short term treatment. The efficacy of the prior use of the medication was not provided. There was a lack of exceptional factors provided in the documentation to support approving outside the Guideline recommendations. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Zanaflex 4mg #50 for progressive wean is not medically necessary and appropriate.