

Case Number:	CM13-0002937		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2001
Decision Date:	04/04/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, a subspecialty in Sports Medicine and is licensed to practice in California. 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 physician 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 patient has low back pain with pain at 7/10. The pain is described as burning, dull, stabbing, throbbing, and spasming. The physician noted the patient has experienced back stiffness and weakness in the right and left leg. The pain is located in the lumbar area from a work injury. The patient has a diagnosis of status post L5-S1 global fusion with residual radicular symptoms down the legs. However shoulder pain secondary to impingement syndrome with a torn labrum on the right and AC joint arthrosis on the left, facet arthropathy, lumbosacral spine, facet capsular tears bilaterally at L3, L4 and L5. The physician noted to continue the medication as listed as a benefit in increasing his functional capacity and decreasing the level of pain and suffering. The patient's most recent UDS was consistent with using Norco only. The patient was also requested to continue his home exercise program. Physician is requesting SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63, 66.

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

Decision rationale: On 08/15/2013 note, it does show that the patient is in to evaluate back pain and low back pain. The severity of condition is 7/10, with burning, dull, stabbing, spasming. The patient noted some weakness in right and left leg. Pain is located in the lumbar area. Exam physician noted for his musculature, muscle strength full and strength symmetric, normal muscle tone without any atrophy or abnormal movements. Coordination is good, L5 dermatome and L4 dermatome demonstrate decreased light touch sensations on the left. Lumbosacral exam, palpation over the L3-4, L4-5, and L5-S1 facet capsules left and secondary myofascial pain with triggering with fibrotic bending bilateral and again this is unchanged. California Guidelines do note muscle relaxants for pain, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic lower back pain. Noted in guideline and most lower back cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the documentation provided, physician stated that the patient's pain was progressively worsening along with the guidelines that recommend muscle relaxants short-term treatment for acute exacerbation in patients with chronic lower back pain. Therefore, the request is non-certified.