MAXIMUS Federal Services

Case Number:	CM13-0032479		
Date Assigned:	01/10/2014	Date of Injury:	01/26/2012
Decision Date:	10/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal 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 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 67 year old female injured on 01/26/12 the 2 step ladder the injured worker was sitting on collapsed resulting in the injured worker landing on her buttocks causing low back and coccygeal pain. The injured worker also sustained previous right index finger amputation in a van cool door and a sports related injury sustaining a hairline fracture behind the right knee after three legged sack race at a picnic. Additionally, the injured worker reported being involved in a motor vehicle collision prior to current industrial injury sustaining residual chronic back symptoms. The injured worker had significant medical history for high blood pressure and arthritis. Clinical note dated 09/06/13 indicated the injured worker presented complaining of low back pain radiating to the left lower extremity with associated numbness to bilateral lower extremities rated 7/10. The injured worker reported utilizing tramadol; however, medication caused intense nightmares. The injured worker reported Lidoderm patches helpful with sharp, neuropathic pain and symptoms and provided local relief. Zanaflex addressed muscle spasms with no change in location of pain. The injured worker reported activity level decreased and stated medications were less effective than pain management. The injured worker reported difficulty sleeping at night due to cramps in the left thigh and calf. Medications included Lidoderm patch, Ultram 50mg QD, Zanaflex 2mg one tablet QHS, aspirin low dose, HCTZ, ibuprofen 600mg, MiraLax, sombra, and trandolapril. The injured worker discontinued vicodin due to side effects and dizziness. Physical examination revealed antalgic gait, loss of normal lordosis with straightening of the lumbar spine, restricted range of motion, paravertebral muscle spasm, tenderness, tight muscle band bilaterally, lumbar facet loading positive bilaterally, straight leg raise negative, ankle jerk zero for four bilaterally, patellar jerk zero for four bilaterally peer, motor strength EHL 4/5 on the left, light touch sensation decreased over L4 and L5 dermatome on the left. Treatment plan included MRI of the lumbar spine, x-ray lumbar spine

and coccyx series, EMG/NCV of left lower extremity, and consultation with pain psychologist. Medications included extra strength Tylenol in place of tramadol, Lidoderm patch, Colace, Zanaflex, consider Neurontin, and discontinue NSAIDs. Initial request was denied on 09/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Zanaflex 2MG #30 cannot be established at this time.