

Case Number:	CM13-0037495		
Date Assigned:	12/13/2013	Date of Injury:	03/22/2002
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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, has a subspecialty in neuromuscular medicine and is licensed to practice in Maryland. 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:

48-year-old female patient, who had a work injury on 3/22/02. Her treatments have included: 03/1997 Right Hand carpal tunnel surgery.-09/16/02 [REDACTED] left L3-L4 transforaminal epidural steroid injection.-09/30/02 [REDACTED]; left L3 transforaminal epidural steroid injection.-10/21/02 [REDACTED]; Left L3-L4 transforaminal epidural injection.-03/05/03 [REDACTED]; Left L4-L5 hemilaminectomy with foraminotomy and discectomy.-03/22/04 revision laminectomy as well as a fusion.-03/23/09 removed the previously placed hardware, explored the fusion, and extended the arthrodesis; no long-standing benefit; -11/2010 Right and left knee surgeries. Additional treatments included medication management, TENS trial as well. .The patient most recently (11/4/13) s/p spinal cord stimulator trial. PI reports today for a routine Flu and med refills. Pt states that her current pain level is 8/10 to the lower back which radiates to the center of her medial buttock and across left hip to torso, pelvic bone and bladder and right leg PI describes the pain as hot burning and stabbing, pain is worse when rising from a seated position or walking for a long time, Patient continues to use the oral subutex, topamax and zanaflex to reduce the severity of the pain in her lower back. Pt states that she has received auth for the implant of the SCC which she looking forward too since she found the trial to be so successful in managing her pain level. PI states that she is just waiting to be scheduled for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg # 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 and Tizanidine. Page(s): 63-66.

Decision rationale: Zanaflex 4 mg # 60 is not medically necessary per MTUS guidelines. Per MTUS guidelines regarding muscle relaxants : Guidelines "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Documentation indicates no significant change in functional improvement on prior Zanaflex treatment. There is also no recent documentation on physical exam findings of muscle spasm.