

Case Number:	CM13-0046600		
Date Assigned:	12/27/2013	Date of Injury:	04/15/1996
Decision Date:	08/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation 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 66-year-old female who reported injury on 04/05/1996, of an unknown mechanism. She complained of low back pain radiating down the left lower extremity and bilateral buttock, rating her pain at 7 to 8 on a 0 to 10 scale. The physical examination on 10/11/2013 revealed minimal diffuse tenderness during palpation of the spine. She ambulated without assistive device. Left supine straight leg raise test was positive at 35 degrees, as she complained of low back pain radiating down the left lower extremity. There were no diagnostics provided for review. She had diagnoses of chronic low back pain, bilateral thigh pain, lumbar facet joint arthropathy, chronic lumbar radicular pain, lumbar spinal stenosis, and degenerative lumbar disc. Her past treatments included oral medications and an epidural steroid injection. Her medications included Neurontin 300 mg 3 times a day; Mobic 50 mg daily; and Zanaflex 4 mg twice a day. The documentation provided shows the injured worker has been on Zanaflex since 11/2012 with no supporting documentation of functional improvement. The treatment plan was to continue medication management for chronic pain, and to renew prescriptions for Neurontin, Mobic, and Zanaflex 4 mg, 1 tablet by mouth as needed for muscle spasms, #60, with 5 additional refills. The request for authorization form was signed and dated 10/11/2013. There was no rationale for the request for 360 Zanaflex 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 ZANAFLEX 4MG: Upheld

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

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

Decision rationale: The injured worker complained of low back pain radiating down the left lower extremity and bilateral buttock, rating her pain at 7 to 8 on a 0 to 10 scale. Per the provided documentation, the injured worker has been on the Zanaflex since 11/2012. The documentation does not support the response to Zanaflex. The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, the efficacy appears to diminish over time; and prolonged use of some medications in this class may lead to dependence. The injured worker has been on Zanaflex for an extended period of time, and documentation does not demonstrate any improvement in functionality or mobility. In addition, the request had no directions for use. As such, the request for 360 Zanaflex 4 mg is not medically necessary.