

<b>Case Number:</b>	CM13-0067656		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/09/2004
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 10/09/2004. Injured worker's medication history included Motrin 800 mg tablets, Zanaflex, pantoprazole, buprenorphine, and Zoloft as of 04/2013. The documentation of 12/02/2013 revealed the injured worker had left leg and knee pain. The injured worker had an epidural steroid injection in 04/2013 that helped until the date of examination. The injured worker reported Zanaflex helped relieve her muscle spasms. The diagnoses included lumbar disc displacement without myelopathy and degeneration of the lumbosacral disc. The treatment plan included an L5 and S1 bilateral transforaminal epidural steroid injection with sedation and Zanaflex. The documentation submitted in an appeal indicated the injured worker had her last epidural steroid injection in 04/2013 with 90 % relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L5 AND S1 BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California MTUS Guidelines indicate that in the therapeutic phase, there must be documented evidence of objective pain relief of at least 50% and an associated reduction of medication use for 6-8 weeks. There should be documentation of objective functional improvement. The documentation submitted in an appeal indicated the injured worker had her last epidural steroid injection in 04/2013 and reported 90% relief until the date of 12/02/2013. There was a lack of documentation of an associated reduction in medication usage and objective functional improvement. Given the above, the request for L5 and S1 bilateral transforaminal epidural steroid injection is not medically necessary

**ONE PRESCRIPTION OF ZANAFLEX 4MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence the injured worker had been on the medication for greater than 6 months. There was a lack of documentation of objective functional improvement. There was a lack of documented rationale for exceeding guideline recommendations. The request as it is submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for 1 prescription of Zanaflex 4 mg is not medically necessary.