

Case Number:	CM14-0002830		
Date Assigned:	01/29/2014	Date of Injury:	12/11/2006
Decision Date:	06/20/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51 year old male who reported an injury on 12/11/2006. The mechanism of injury was reported as a fall. Per the x-ray of the left knee dated 06/25/2013 there was post anterior cruciate ligament reconstruction and early degenerative joint disease of the medial compartment of the left knee. Per the clinical note dated 12/04/2013 the injured worker was reported to have had three surgeries to the left knee, the most recent of which was performed in 2009. The provider noted the injured worker had arthritis to the knee with chronic pain and neuropathy of the left shin. The request for authorization for medical treatment was dated 10/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG #120: 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, MUSCLE RELAXANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics, Zanaflex Page(s): 63, 64, 66.

Decision rationale: Per CA MTUS 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence, additionally there is no benefit shown when used in combination with NSAIDs. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. A division of muscle relaxants are antispasmodics, these are used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. There is a lack of documentation as to the prescribed use of this medication and the efficacy thereof. The injured worker did not have a diagnosis of low back pain or muscle spasms which this medication is recommended for. In addition, this medication is not recommended in combination with NSAIDs which the injured worker is also utilizing. The documentation provided indicates the injured worker has been utilizing this medication long term which is not recommended per the guidelines. Therefore, the request for Zanaflex 4mg #120 is not medically necessary.