

Case Number:	CM14-0006460		
Date Assigned:	05/23/2014	Date of Injury:	05/08/2001
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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:

This is a 67-year-old female patient with a 5/8/01 date of injury. The mechanism of injury was not noted. In a progress note dated 4/15/14, it is noted that she was recently discharged from inpatient detoxification from medications. She discontinued the use of Kadian, but was unable to completely detox off Norco due to severe episodes of breakthrough pain. The patient is also taking Zanaflex for muscle spasm and cramping, Mirapex for restless leg syndrome, Cymbalta for neuropathic pain, Effexor as an antidepressant, Topamax for headaches, and Imitrex for severe headaches. The patient remains symptomatic with multiple chronic pain complaints involving her upper extremities and lower extremities. She reports her pain at an 8/10 and 10/10 without medications. She continues to have difficulty with ambulation and continues to experience difficulty with activities of daily living. The patient noted that she has experienced some increase in pain since reducing her opioid medication, although she continues to note benefits from her various other medications. Physical exam findings are: restricted range of motion in both shoulders and upper extremities, tenderness to palpation over the right distal radius, persistent chronic tenderness over the upper thoracic spine radiating into the left chest wall, bilateral paraspinal tenderness at the lumbosacral junction with mild-to-moderate palpable muscle spasm. Diagnostic impressions are: lumbar degenerative disc disease, history of two spinal cord stimulator implants, history of right foot metatarsal fracture, history of right knee internal derangement, history of left knee patella fracture, tendonitis bilateral shoulders secondary to use of crutches and cane. The treatments to date are: medication management, activity modification, and spinal cord stimulator implants. Given what appears to be difficulty in managing this patient's pain and the presence of muscle spasm, it would be reasonable to allow this medication as an adjunct for the chronic pain. Zanaflex is available in generic form which would be more cost-effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. A specific rationale identifying why brand name Zanaflex would be required in this patient was not identified. In addition, the guidelines do not support the long-term use of muscle relaxants due to risk of dependence and there is no description of an acute exacerbation of the patient's pain. Therefore, the request for Zanaflex 4 mg #60 BID (twice a day) was not medically necessary.