

Case Number:	CM14-0006508		
Date Assigned:	02/07/2014	Date of Injury:	02/12/2003
Decision Date:	09/18/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/16/2014

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 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:

This patient sustained an injury on 2/12/2003 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg. Diagnoses included chronic persistent low back pain s/p L4-S1 fusion on 2/17/06; ninth rib fracture, resolved; hypertension; headaches; Bilateral CTS; and severe depression. Report of 10/23/13 from the pain management provider noted the patient with continued chronic symptoms 50% improved from medication regimen. Medications list Kadian, Percocet, Zanaflex, Lyrica, Lidoderm, Omeprazole, and Laxacin; along with meds from another prescriber to include Ambien, Cymbalta, and Ability. Exam showed limited lumbar range with mild spasm and mild tenderness; 5/5 in all muscles except for peroneus longus/brevis and EHL with left L5 and S1 dermatome hypesthesia with symmetrical reflexes. Treatment included refill of all meds. Report of 11/21/13 from the pain management provider noted ongoing chronic symptoms. Treatment included medication refills. Report of 6/6/14 from the provider noted review of UDS on 5/9/14 detecting Acetaminophen, Morphine, Oxycodone, and Oxymorphone. Diagnoses remained unchanged with treatment discussion stating the patient has completed functional restoration program with final evaluation on 5/28/14. Medications to continue included Kadian, Percocet, Lyrica, Laxacin, Omeprazole, with return to clinic. The request(s) for Zanaflex 4mg was non-certified on 1/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: This patient sustained an injury on 2/12/2003 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg. Diagnoses included chronic persistent low back pain s/p L4-S1 fusion on 2/17/06; ninth rib fracture, resolved; hypertension; headaches; Bilateral CTS; and severe depression. Report of 10/23/13 from the pain management provider noted the patient with continued chronic symptoms 50% improved from medication regimen. Medications list Kadian, Percocet, Zanaflex, Lyrica, Lidoderm, Omeprazole, and Laxacin; along with meds from another prescriber to include Ambien, Cymbalta, and Ability. Exam showed limited lumbar range with mild spasm and mild tenderness; 5/5 in all muscles except for peroneus longus/brevis and EHL with left L5 and S1 dermatome hypesthesia with symmetrical reflexes. Treatment included refill of all meds. Report of 11/21/13 from the pain management provider noted ongoing chronic symptoms. Treatment included medication refills. Report of 6/6/14 from the provider noted review of UDS on 5/9/14 detecting Acetaminophen, Morphine, Oxycodone, and Oxymorphone. Diagnoses remained unchanged with treatment discussion stating the patient has completed functional restoration program with final evaluation on 5/28/14. Medications to continue included Kadian, Percocet, Lyrica, Laxacin, Omeprazole, with return to clinic. The request(s) for Zanaflex 4mg was non-certified on 1/2/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2003. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 4mg is not medically necessary and appropriate.