

Case Number:	CM14-0101121		
Date Assigned:	08/06/2014	Date of Injury:	05/08/2001
Decision Date:	09/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 67-year-old female who reported an injury on 05/08/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 06/30/2014 indicated diagnoses of history of right foot metatarsal fracture, lumbar degenerative disc disease, history of 2 spinal cord stimulator implants, the second implant with a laminotomy lead, history of right internal derangement, history of left knee patellar fracture and tendinitis bilateral shoulders secondary to use of crutches and cane. The injured worker reported upper extremity and lower extremity pain, and chronic right shoulder, right leg, and left shoulder pain. The injured worker had difficulty with ambulation. The injured worker reported difficulty performing her activities of daily living, including housekeeping, laundry duties and driving. The injured worker reported insomnia, and reported the use of Restoril beneficial. The injured worker had a history of 2 spinal stimulator implants, the second implant with a laminotomy lead. The injured worker reported her pain at 8/10 with medication. The injured worker reported her pain without medication 10/10. The injured worker reported that she had experienced increased pain since reducing her opiate medication, although she continued to note benefit from various other medications. The injured worker reported without any medication she would be unable to perform these tasks, and would be confined to bed. The injured worker exhibited no evidence of drug seeking behavior. The injured worker reported no side effects, and had signed an opiate agreement, and remained compliant with those terms. On physical examination the injured worker had restricted range of motion in both shoulders and upper extremities with tenderness to palpation over the right distal radius. The examination of the thoracic spine revealed persistent chronic tenderness over the upper thoracic spine, with radiation into the left chest wall. Examination of the lower back revealed tenderness at the lumbosacral junction with mild to moderate palpable muscle spasm. The injured worker's treatment plan included continues with

Norco. The provider requested a refill of medications, removal of her laminotomy lead and spinal cord stimulator, continue psychiatric treatment, and follow-up care. The injured worker's prior treatments included diagnostic imaging, surgeries, medication management. The injured worker's medication regimen included Norco, Topamax, Imitrex, Zanaflex, Buspar, Temazepam, Trazodone, Lidoderm patch, Amitiza, Cymbalta, Mirapex, and spinal cord stimulator. The provider submitted a request for Zanaflex. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg BID as needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): page 66.

Decision rationale: The request for Zanaflex 4mg BID as needed #60 is not medically necessary. The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. It was not indicated how long the injured worker has been utilizing the Zanaflex, but the injured worker has been prescribed the Zanaflex since at least 04/15/2014. This exceeds the guidelines' recommendation for short-term use. In addition, the injured worker rates her pain at 8/10. The injured worker notes that she has experienced some increasing pain since reducing her opiate medication. There is no indication that the use of Zanaflex has resulted in diminished pain level or functional improvement. Therefore, the request for Zanaflex is not medically necessary.