

Case Number:	CM14-0106382		
Date Assigned:	07/30/2014	Date of Injury:	09/19/2006
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in Pain 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:

The injured worker is a 59 year-old male who reported an injury on 09/19/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicated diagnoses of status post L4-L5 anterior and posterior decompression and fusion with instrumentation, residual low back pain, right radicular pain, abdominal pain, GERD, opiate induced constipation, depression, anxiety, and insomnia. The injured worker reported continued low back pain, right lower extremity, abdominal pain, acid reflux with alternating diarrhea and constipation. The injured worker reported a benefit from his pain medicine regimen. The injured worker reported he currently utilized Norco for breakthrough pain twice a day and Neurontin for neuropathic pain three times a day. The injured worker reported he used Zanaflex three times a day as needed for acute muscle spasms and Lidoderm for neuropathic low back pain, which he found helpful. On physical examination of the lumbar spine, there was tenderness in the middle lumbar spine with moderate spasms noted in the right paralumbar musculature. The injured worker's lumbar spine range of motion was decreased. The injured worker ambulated with a cane for balance. There was decreased sensation to touch along the L4-5 nerve root pattern on the right and deep tendon reflexes were slightly diminished on the right achilles. The injured worker had some persistent weakness of the extensor hallucis longus on the right to a lesser degree at 4+. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Neurontin, Lidoderm, Zanaflex, and Colace. 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 1 TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS guidelines recommend Zanaflex as a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. It was not indicated if the injured worker had tried a first line option. In addition, the injured worker has been utilizing Zanaflex since at least March 2014. This exceeds the guideline recommendations for short-term use. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request for Zanaflex quantity #90 is not medically necessary.