

Case Number:	CM14-0013023		
Date Assigned:	02/24/2014	Date of Injury:	11/01/2001
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 & 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:

The injured worker is a 56-year-old male who reported an injury on 11/01/2001. The mechanism of injury reported was while lifting a dock plate. Within the clinical note dated 12/28/2012, the injured worker complained of right shoulder pain that was dull, occasional, and rated 3/10. He reported overhead lifting increases pain. The injured worker denied any complaints of left shoulder pain. He complained of low back pain that was sharp and burning, constant, and rated the pain 7/10 to 10/10. He noted prolonged activity or position increased his pain. The injured worker reported the pain radiated down the left leg into his foot. Upon the physical exam, the provider noted no pain upon palpation over the right biceps tendon. Flexion was at 158 degrees and extension was 53 degrees. Upon examination of the back, the provider noted there was no evidence of atrophy. The injured worker underwent an MRI dated 11/17/2001, which revealed left paracentral disc protrusion at L5-S1, a lumbar discectomy in 2002, and a lumbar fusion in 2003. The injured worker reported the second surgery has improved pain. The diagnoses included left lumbar radiculopathy, lumbar degenerative disc disease, meniscal tear, and rotator cuff tear. The provider requested Zanaflex 1 mg 1 by mouth every 4 hours #60, plus 3 refills. However, a rationale was not provided for review within the documentation. The Request for Authorization was submitted and dated 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG 1 PO Q 4HR #60 PLUS 3 REFILLS: Upheld

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

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

Decision rationale: The request for Zanaflex 4 Mg 1 Po Q 4hr #60 Plus 3 Refills is non-certified. The injured worker complained of right shoulder pain that was dull, occasional, and rated 3/10. He noted overhead lifting increased his pain. The injured worker complained of low back pain that was sharp and burning, constant, and rated 7/10 to 10/10. He noted prolonged activity or position increases pain. He reported the pain radiated down to his left leg and foot. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 weeks to 3 weeks. The guidelines also note muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The guidelines note Zanaflex is a centrally acting alpha-2 adrenergic antagonist that is FDA approved for management of spasticity, unlabeled use for low back pain. The guidelines also note Zanaflex is not recommended due to the rapid development of tolerance and dependence. There is a lack of objective findings indicating the injured worker to have muscle spasms. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 08/2013, which exceeds the guidelines' recommendations of short term use of 2 weeks to 3 weeks. Therefore, the request for Zanaflex 4 Mg 1 Po Q 4hr #60 Plus 3 Refills is not medically necessary.