

Case Number:	CM14-0014086		
Date Assigned:	02/26/2014	Date of Injury:	09/10/2003
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/04/2014

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 44-year-old male who reported an injury on 09/10/2003. The mechanism of injury was not provided. The diagnoses included neuropathic pain, chronic pain syndrome, and chronic low back pain. Per the 01/08/2014 progress report, the injured worker reported radiating neck pain rated 6-7/10, low back pain rated 7/10, and right shoulder pain rated 6/10. Examination of the cervical spine noted spasms and tenderness with positive trigger points. Examination of the lumbar spine noted spasm and tenderness over L4 through S1 with positive trigger points. The injured worker's medication regimen included Kadian 100 mg, Zanaflex 2 mg, and Neurontin 400 mg, which the injured worker reported provided 50% symptomatic relief. The provider recommended he continue his current medications and home exercise program. The Request for Authorization Form was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Zanaflex is not medically necessary and appropriate. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term acute exacerbations in patients with chronic low back pain. 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 non-steroidal anti-inflammatory drug in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for Zanaflex since at least 10/16/2013. The efficacy of the medication is unclear. The guidelines do not support the longterm use of muscle relaxants; therefore, the continued use of Zanaflex is not supported by the guidelines. In addition, the submitted request does not specify the dose, frequency, or quantity. As such, the request is not medically necessary and appropriate.