

Case Number:	CM14-0018100		
Date Assigned:	04/16/2014	Date of Injury:	08/11/2007
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 Management 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:

Patient is an employee of [REDACTED] who filed a claim of neck pain, upper back pain and mid back pain associated with industrial injury date of 8/11/07. Treatment to date includes MRI of cervical spine dated 10/29/07 which showed degenerative change in cervical spine with reversal of the normal cervical lordosis and small disc osteophyte complexes from C3-4 to C6-7, MRI of right shoulder revealed focal strain-tendinosis at the critical zone of the supraspinatus tendon. No tear identified. Cervical facet nerve block right C4,C5, C6 was done on 8/31/11, cervical epidural steroid injection at C7-T1 on 06/06/12. Current medications prescribed since 2013 includes Norco 10/325 mg tab to be taken 3x a day as needed, Trazodone 50 mg/tab to be taken once a day before bedtime, Colace 250 mg/tab to be taken 2x a day, Soma 350 mg 4x a day as needed for spasms and Zanaflex 4 mg tablet before bedtime as needed for spasms. Utilization review from January 31, 2014 denied the request for Soma 350 #60 and Zanaflex 4mg #60 because guidelines do not consistently support muscle relaxants in the management of chronic pain but do not support muscle relaxants in the management of acute muscle spasms. With the medical information available for review, there is also no documentation of muscle spasms therefore the request for the medications were denied. Medical records from 2013 were reviewed showing that the patient continues to have neck, low back and shoulder pain. Patient has antalgic and stooped gait. Physical examination showed range of motion of cervical spine is restricted with flexion limited to 40 degrees, extension limited to 25 degrees, lateral rotation to the left limited to 30 degrees, lateral rotation to the right limited to 40 degrees and pain with extension and lateral rotation to the left. Paravertebral muscles showed tenderness and tight muscle band noted on the right side. Tenderness is noted at the paracervical muscles and trapezius. Lumbar spine examination showed range of motion restricted with flexion limited to 50 degrees, extension limited to 10 degrees. On palpation, paravertebral muscles, spasm, tenderness and tight muscles

band were noted. Straight leg test is negative. Shoulder examination showed restricted movement with flexion to 100 degrees and abduction limited to 90 degrees. On palpation, tenderness is noted in the acromioclavicular joint, biceps groove and posterior right medial scapula of the scapula.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR SOMA 350MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case patient has been experiencing low back pain since 2007 and was prescribed with SOMA, a class of muscle relaxant since 2013. However, there was no significant improvement noted in the patient. In addition, Soma is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Soma is not medically necessary.

PRESCRIPTION FOR ZANAFLEX 4MG #60 WITH 1 REFILL: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex, is a kind of antispasticity/ muscle relaxant drug that is FDA approved for management of spasticity however it has unlabeled use for low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case patient has been taking Zanaflex since 2013 for low back pain. No improvement noted from the said medication. Guidelines indicate that it has unlabeled use for low back pain. There is no discussion concerning the need for variance from the guidelines. Therefore the request for prescribing Zanaflex is not medically necessary.