

Case Number:	CM14-0143739		
Date Assigned:	09/12/2014	Date of Injury:	02/15/2008
Decision Date:	12/09/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/04/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 43 year old female with an injury date of 02/15/08. Based on the progress report dated 08/01/14 provided by [REDACTED] the patient complains of bilateral low back pain and buttock pain. Palpation of the lumbar spine reveals prominent areas of tenderness. Deep palpation leads to distal radiation of pain. The patient appears to have soft tissue dysfunction and spasm in the cervical paraspinal, lumbar paraspinal, and gluteal region. Straight leg raise of the affected side "reproduces the patient's radicular symptoms." Lateral rotation and extension of the spine generates consistent pain in the affected area. Compression of the buttocks produces pain in the pelvic area. The patient reports moderate intensity of pain without treatment on a regular basis. She states that current treatment has reduced pain appreciably and improved ability to perform activities of daily living. Patient reports a pain intensity of 7/10 without medication and appreciable improvement in pain and ability to perform activities of daily living with medication, per progress report dated 07/01/14. The patient is currently on other medications: Norco, Lansoprazole, Relafen, Zanaflex, Abilify, Armour Thyroid, Wellbutrin, and Topamax. Zanaflex was discontinued after the last visit. She states that the "pain is partially relieved by use of their analgesic medications and various types of injection therapy," per progress report dated 08/01/14. Diagnosis 08/01/14- Sacroiliitis not elsewhere classified- Spasm of the muscle- Chronic pain syndrome [REDACTED] [REDACTED] is requesting for Zanaflex. The utilization review determination being challenged is dated 08/09/14. The rationale was lack of specific plan with regards to short-, or long-term use of Zanaflex and no indication as to "what specific overall functionality has been achieved with this particular medication." Treatment reports were provided from 06/03/14 - 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The patient presented with bilateral low back pain and buttock pain rated at 7/10. The request is for Zanaflex. The patient's diagnosis dated 08/01/14 included sacroiliitis not elsewhere classified, spasm of the muscle, and chronic pain syndrome. The MTUS Guidelines recommend the use of Zanaflex for spasticity and low back pain on page 66. "Eight studies have demonstrated efficacy for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial syndrome." Patient reports a significant improvement in pain and ability to perform activities of daily living with the current regimen, per progress report dated 08/01/14. MTUS does not support long-term use of "sedating" muscle relaxants. For Zanaflex, MTUS supports it for low back pain, myofascial pain and fibromyalgia. Therefore, this request is medically necessary.