

Case Number:	CM14-0152267		
Date Assigned:	09/22/2014	Date of Injury:	09/27/2001
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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:

This is a 55-year-old female with a 9/27/01 date of injury, when she was hit by a car and sustained injuries to the left side of her neck and lower leg. The patient underwent C3-C4 cervical fusion in 2003 and L2-L3 lumbar fusion and decompression in 2009. The progress note dated 12/30/13 indicated that the patient was taking muscle relaxant Ozone (Chlorzoxazone) 750 mg one tablet BID. The patient was seen on 7/2/14 with complaints of moderate to severe lumbar pain and leg pain. The patient recently had cervical epidural injection with reduction of her neck and left arm pain. Exam findings of the cervical spine revealed tenderness and spasm in the paraspinal muscles and trapezial muscles. The motor strength was 4/5 in the left C6 distribution and 5/5 through the rest of the upper extremity muscles. The sensation was normal except decreased sensation in the right C6 dermatome distribution. The examination of the lumbar spine revealed muscle spasm, restricted and painful motion and guarding with motion. The straight leg raising test was negative. The patient's gait was antalgic and she had difficulty changing position and getting onto the examination table. The sensation was decreased in the L3 and L4 nerve distribution bilaterally. The diagnosis is lumbar post laminectomy syndrome, lumbar retrolisthesis, myofascial spasm and chronic low back and left leg pain. Treatment to date: work restrictions, steroid injections and mediations. An adverse determination was received on 9/08/14 given that the patient was using other muscle relaxant- Chlorzoxazone and there was no rationale with regards to the use of 2 muscle relaxants at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The progress notes indicated that the patient was taking muscle relaxant Ozone (Chlorzoxazone) 750 mg one tablet BID at least from 12/30/13. However, there is a lack of documentation indicating subjective or objective gains from the treatment. In addition there is no rationale with regards to the need for Zanaflex. It is not clear, if provider wanted to switch Ozone to Zanaflex or to add Zanaflex to the patient's treatment. Lastly, the guidelines do not recommend long-term treatment with muscle relaxants. Therefore, the request for Zanaflex 4 mg, sixty count is not medically necessary.