

<b>Case Number:</b>	CM14-0173841		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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:

This 57 year-old patient sustained an injury on 6/8/05 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 2mg, #90 and Series of three (3) lumbar spine epidural steroid injections. Diagnoses include cervical disc degeneration; cervical thoracic/arthrosis with central foraminal stenosis; s/p L2 fracture with decompression and instrumentation fusion at L1-3; neurological and internal medicine diagnoses; psychiatric diagnosis; sleep disturbances secondary to pain and mental stress. Reports of 7/30/14 and 9/24/14 from the provider noted the patient with ongoing chronic symptoms having completed psychological, neurological, and internal medicine treatment; lumbar spine with new onset of locking sensation after short time and prolonged sitting. It was noted the internal medicine, psyche, and sleep issues have resolved. Exam showed lumbar spine with tenderness at left paraspinals with muscle tenderness on left buttocks; negative SLR, 4/5 quadriceps strength on left; able to walk on heel toe with referred low back pain. Treatment included medications (Tramadol, Omeprazole, and Tizanidine); appeal for pool and gym membership and pain management for LESI series of three. There is UDS report of 8/8/14 noting inconsistent results negative findings for prescribed Tramadol. The request(s) for Zanaflex 2mg, #90 was modified for #45 for weaning and Series of three (3) lumbar spine epidural steroid injections was non-certified on 10/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg, #90:** 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 Page(s): 126.

**Decision rationale:** This 57 year-old patient sustained an injury on 6/8/05 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 2mg, #90 and Series of three (3) lumbar spine epidural steroid injections. Diagnoses include cervical disc degeneration; cervical thoracic/ arthrosis with central foraminal stenosis; s/p L2 fracture with decompression and instrumentation fusion at L1-3; neurological and internal medicine diagnoses; psychiatric diagnosis; sleep disturbances secondary to pain and mental stress. Reports of 7/30/14 and 9/24/14 from the provider noted the patient with ongoing chronic symptoms having completed psychological, neurological, and internal medicine treatment; lumbar spine with new onset of locking sensation after short time and prolonged sitting. It was noted the internal medicine, psyche, and sleep issues have resolved. Exam showed lumbar spine with tenderness at left paraspinals with muscle tenderness on left buttocks; negative SLR, 4/5 quadriceps strength on left; able to walk on heel toe with referred low back pain. Treatment included medications (Tramadol, Omeprazole, and Tizanidine); appeal for pool and gym membership and pain management for LESI series of three. There is UDS report of 8/8/14 noting inconsistent results negative findings for prescribed Tramadol. The request(s) for Zanaflex 2mg, #90 was modified for #45 for weaning and Series of three (3) lumbar spine epidural steroid injections was non-certified on 10/11/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2005. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 2mg, #90 is not medically necessary and appropriate.

**Series of three (3) lumbar spine epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections ESIs Page(s): 46.

**Decision rationale:** This 57 year-old patient sustained an injury on 6/8/05 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 2mg, #90 and Series of three (3) lumbar spine epidural steroid injections. Diagnoses include cervical disc degeneration; cervical thoracic/ arthrosis with central foraminal stenosis; s/p L2 fracture with decompression and instrumentation fusion at L1-3; neurological and internal medicine diagnoses; psychiatric

diagnosis; sleep disturbances secondary to pain and mental stress. Reports of 7/30/14 and 9/24/14 from the provider noted the patient with ongoing chronic symptoms having completed psychological, neurological, and internal medicine treatment; lumbar spine with new onset of locking sensation after short time and prolonged sitting. It was noted the internal medicine, psyche, and sleep issues have resolved. Exam showed lumbar spine with tenderness at left paraspinals with muscle tenderness on left buttocks; negative SLR, 4/5 quadriceps strength on left; able to walk on heel toe with referred low back pain. Treatment included medications (Tramadol, Omeprazole, and Tizanidine); appeal for pool and gym membership and pain management for LESI series of three. There is UDS report of 8/8/14 noting inconsistent results negative findings for prescribed Tramadol. The request(s) for Zanaflex 2mg, #90 was modified for #45 for weaning and Series of three (3) lumbar spine epidural steroid injections was non-certified on 10/11/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not identified here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the series of three epidural injections not recommended per guidelines. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Series of three (3) Lumbar Spine Epidural Steroid Injections is not medically necessary and appropriate.