

Case Number:	CM14-0176913		
Date Assigned:	10/30/2014	Date of Injury:	12/08/2008
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 43-year-old male with a 12/8/08 date of injury. According to a progress report dated 10/1/14, the patient complained of constant low back pain, rated 9/10, which radiated down to both feet with associated numbness, tingling, and spasms. He stated that his low back felt the same since his last visit. Objective findings: patient weighs 256 pounds, straight leg raise test is positive. Diagnostic impression: status post laminectomy and microdiscectomy at L4-L5 on 3/4/09, right lower extremity radiculopathy, neuropathic pain in lower extremities, dysesthesia along the lumbar spine scar, acute musculoskeletal pain and spasm, chronic pain syndrome. Treatment to date: medication management, activity modification, Epidural Steroid Injection, home exercise program, surgery. A Utilization Review (UR) decision dated 10/16/14 denied the request for Zanaflex. In most low back pain cases, muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1 PO TID for muscles #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity/Antispasmodic Drugs Page(s): 63,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 Food and Drug Administration (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 Low Back Pain (LBP) cases, they show no benefit beyond Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s 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. However, in the reports reviewed, it is unclear how long this patient has been taking Zanaflex. Guidelines do not support the long-term use of muscle relaxants. There is no documentation that this patient has had a trial of NSAID medications to treat his condition. In addition, there is no documentation that the patient has had an acute exacerbation of his pain. Therefore, the request for Zanaflex 4mg 1 PO TID for muscles #90 was not medically necessary.