

Case Number:	CM14-0021707		
Date Assigned:	02/24/2014	Date of Injury:	03/12/2002
Decision Date:	07/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Pain 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:

The patient is a 61-year-old male with a 3/12/02 date of injury, from an unknown mechanism of injury. The patient has lumbar disc disease with discogenic pain and associated bilateral lower extremity pain, situational depression, and daytime somnolence, that is possibly due to medication usage. On 11/20/13 there was tenderness in the low back with spasms, reduced range of motion, positive bilateral straight-leg-raise, and decreased sensation along the L3-4 dermatome and L5 nerve root bilaterally. The patient reported 9/10 pain, without medication and 3/10 pain with medication use. Multiple medications were requested. A 6/12/13 urine drug screen was positive for Gabapentin, Fentanyl, Hydrocodone, and Hydromorphone. A 5/20/13 operative report documented that bilateral epidural steroid injection at L3-4 and L4-5 was performed. A 4/17/13 progress note documented that current medications included Duragesic patch; Norco; Zanaflex; Neurontin; Meloxicam, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR PRESCRIPTION OF ZANAFLEX 4MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antispasmodics.

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

Decision rationale: This request obtained an adverse determination, as guidelines do not support chronic pain treatment with the use of muscle relaxants. The California MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Progress notes as far back as 4/17/13 document a prescription for Zanaflex, however the most recent note documented continued spasms. As guidelines do not support chronic pain management with the use of muscle relaxants, the request remains unsubstantiated. In addition, there was documentation of daytime somnolence due to medication use. There is no further discussion of this, or reduction in prescribed medications. Therefore the request is not medically necessary.