

Case Number:	CM14-0030882		
Date Assigned:	06/20/2014	Date of Injury:	12/24/2003
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas and Oklahoma. 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 injured worker is 53 year old female who reported an injury on 12/24/2003 of unknown mechanism of injury. The injured worker had a history of lower back pain that radiates down the bilateral lower extremities with numbness and tingling. The injured worker had a diagnosis of degenerative disc disease and a lumbar radiculopathy with a rating of pain 8/10 using the VAS scale. The injured worker dated 02/20/2014 had a complete anterior discectomy at the L3-4, L4-5 and L5-S1 and on 08/08/2012 had a lumbar epidural steroidal injection at the L4-L5 and a fusion with internal fixation at the L3-L4, L4-5 and L5-S1 levels. The injured worker had a MRI dated 04/05/2013 however no findings noted. The physical exam of the lumbar spine revealed tenderness over the paraspinal muscles with muscle guarding, straight leg raise is positive bilaterally, decreased range of motion with flexion 25degrees and sensation at the L4-L5 levels. The medications include zanaflex 4mg 1-2 tabs depending on the pain, Tylenol with codeine 1-2 daily, gapapentin 600mg three times a day and dendracin ointment 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic drug Page(s): 66.

Decision rationale: The California Guidelines indicate Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain and recommended its use as a first line option to treat myofascial pain. The dosing for Zanaflex is 4 mg initial dose, titrating gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. Use with caution in renal impairment; should be avoided in hepatic impairment. The use of Zanaflex has been associated with hepatic amino transaminase elevations that are usually asymptomatic and reversible with discontinuation. The documentation provided was not evident that the injured worker had been titrated with the Zanaflex and remained at 4 mg dosage. The injured worker was approved for 45 tablets on 02/11/2014 in order to titrate her effectively. The documentation was not evident that that the Zanaflex had been an effective improvement also no frequency was provided. Therefore, the request for Zanaflex 4mg #90 with no frequency given is not medically necessary and appropriate.