

<b>Case Number:</b>	CM14-0040982		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/11/2000
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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:

There were 227 pages provided for this review. The application for independent medical review was signed on April 24, 2014. It was for Zanaflex four milligrams number 130 and AndroGel 1.62% with two pumps daily. Per the records provided, this is a 65-year-old male with chronic lumbar backache, neuropathic and radiculopathy pain from an industrial injury of August 11, 2001. It is currently being treated with medicines and activity adjustments. There were facet rhizotomies in the past at the thoracic level that gave substantial long-term pain relief. There was tenderness in the cervical thoracic region with reduced range of motion involving the body parts. The patient was on an extensive list of medicines for symptomatic relief and functionality maintenance. No side effects are documented. Zanaflex was not approved because it has no role in the treatment of chronic pain. There was no documentation of hypotestosteronemia. Serum testosterone levels had not been identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg # 130:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 of 127.

**Decision rationale:** Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that 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 request was appropriately non-certified.

**AndroGel 1.62% times 2 pumps daily Units:1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110 of 127.

**Decision rationale:** The MTUS notes that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. An endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. In this case, as levels are to be checked, and the other adverse levels that can result from testosterone, such as polycythemia, are not identified, I would concur that a regimen of unmonitored refills on the testosterone is not prudent. Further, no baseline and recurring testosterone levels are not noted. The request for the AndroGel was appropriately not certified under MTUS.