

Case Number:	CM14-0042064		
Date Assigned:	06/30/2014	Date of Injury:	07/22/1998
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 46-year-old female with a 07/22/1998 date of injury. The mechanism of the injury was not described. The patient was seen on 02/26/2013 with complaints of stabbing right-sided back pain, radiating to the right hip and buttock area, which reaches 8/10 in intensity with medication and 10/10 without the medication. The patient states that she has severe cramps in her back and right leg, which improved with Zanaflex. Exam findings revealed reproducible pain with SI joint compression on the right with a positive Gaenslen's maneuver. The sensation, deep tendon reflexes and motor strength was grossly intact in the lower extremities bilaterally. The patient was seen on 05/21/2013 with complains of right sided lower back pain, right hip and right leg pain. Physical exam revealed pain with Sacroiliac joint compression on the right, normal heels and toes gait and right and left straight leg rise positive at 80 degrees, causing some back pain in the right side. The diagnosis is lumbosacral sprain/strain, lumbar radiculopathy, Treatment to date: home exercise program, medication. An adverse determination was received on 03/07/2014 given that this medication was not indicated for long-term use and because of the absence of muscle spasms in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low blood pressure cases, they show no benefit beyond non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient's injury was over 16 years ago. There is a lack of documentation to establish when the patient started using the medication. The progress note from 02/26/2013 describes, that the patient's pain reaches 10/10 without the medication and 8/10 with the medication and that the patient is using Zanaflex at least from January 2013. However it is not clear how often she has been using it. It is also noted, that the patient is using Ibuprofen and Vicodin for her pain and due to California MTUS Guidelines there has not been established, that there is any benefit from using muscle relaxant for low blood pressure, beyond the use of NSIAD. It is unclear, why the medication was prescribed for the patient, given no positive effect in the past. Therefore, the request for Zanaflex 4mg #30 was not medically necessary.