

Case Number:	CM14-0043218		
Date Assigned:	06/20/2014	Date of Injury:	01/23/2007
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation and 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 49-year-old female who sustained an industrial injury on 01/23/2007. Mechanism of injury was not provided. Diagnoses include L4 and L5 disc displacement and degeneration, L3-4 disc degeneration, status post L3-L5 transforaminal lumbar interbody fusion with cage and posterior lumbar interbody fusion with laminectomy on 04/11/2011, lumbar radiculopathy resolved, depression, right knee degenerative joint disease, symptomatic hardware, and coccydynia. A request for Zanaflex 4 mg 1 tablet twice daily #60 with 5 refills was non-certified at utilization review on 03/06/14, with the reviewing physician noting that guidelines did not recommend long-term use of muscle relaxants and there was no muscle spasm documented on physical examination. There was also no documented functional improvement from any previous use. There was an inconsistent urine drug screen provided from 07/09/13 indicating the patient tested negative for prescribed Carisoprodol and Alprazolam. There was another inconsistent urine drug screen performed on 02/10/14 indicating none of the patient's medications were detected including hydrocodone, Carisoprodol, Temazepam, and Alprazolam. Progress note dated 02/10/14 noted that the patient had been without her medications for 2 weeks. She was denied authorization for Cymbalta. Current complaints included low back pain with radiation down the bilateral lower extremities rated at 8/10, as well as ongoing right knee pain rated at 8/10. Current medications were listed as Xanax 0.5 mg tablet, Prilosec DR 20 mg capsule, Cymbalta 60 mg capsule, Norco 10/325 mg tablet, Restoril 30 mg capsule, fentanyl 25 g/hour patch, Soma 350 mg tablet, Tegaderm, and Zanaflex 4 mg tablet. Frequency of dosing was not reported. Physical examination was deferred. Treatment plan was to continue current medication regimen and follow-up in 5-6 months. Previous treatment was not described in the records provided with the exception of the patient reporting essentially 100% relief of knee complaints following a corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 66.

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

Decision rationale: The California MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been prescribed Zanaflex on a long-term basis. There is no significant functional benefit noted with use of muscle relaxants. There is no description of muscle spasm on physical examination. As there is no indication this patient is currently experiencing an acute flare-up of symptoms, and date of injury is noted to be in 20007, ongoing use of this medication is not supported by guidelines criteria. The request does not specify dosing frequency. The current request indicates that this medication will be for long-term use. Therefore, the request for Zanaflex 4 mg #60 with 5 refills is not medically necessary and appropriate.