

<b>Case Number:</b>	CM14-0086933		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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, 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:

According to the records made available for review, this is a 55-year-old female with a 9/11/08 date of injury. At the time (5/16/14) of request for authorization for Zanaflex 4mg #60 and Trigger Point Injections, there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion with pain, tenderness over the bilateral lumbar paravertebral muscles with tight muscle band, Positive Gaenslen's test, Positive bilateral lumbar facet loading test, and positive right straight leg raising test) findings, current diagnoses (low back pain and lumbar degenerative disc disease), and treatment to date (medications (including Norco, Robaxin, Cyclobenzaprine, and Trazadone) and epidural steroid injections). Medical report identifies that Zanaflex is prescribed to reduce muscle spasms. Regarding Zanaflex, there is no documentation of Zanaflex use for short-term (less than two weeks) treatment. Regarding trigger point injections, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of low back pain and lumbar degenerative disc disease. In addition, given documentation of ongoing treatment with opioids, there is documentation of Zanaflex use as a second line treatment. However, despite documentation that Zanaflex is prescribed to reduce spasm, there is no documentation of spasticity. In addition, given documentation of prescription for Zanaflex 4mg #60 there is no documentation of Zanaflex use for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #60 is not medically necessary.

**Trigger Point Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of low back pain and lumbar degenerative disc disease. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies have failed to control pain; radiculopathy is not present.. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no documentation of the number of treatments of the requested trigger point injections which would have exceeded guidelines (up to 4 injections per session). Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injections is not medically necessary.

