MAXIMUS Federal Services

Case Number:	CM14-0186351		
Date Assigned:	12/05/2014	Date of Injury:	07/03/2001
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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:

This is a case of a year 51 old male with a date of injury of 7/3/2001. In a progress noted dated 10/22/2014 by [redacted], the patient is complaining of posterior neck and left arm pain in addition to low back and left leg pain. The patient was involved in a rear-ended motor vehicle accident of at least 60 mph while he was working in a company van and he sustained injury to his neck, low back, and mid thoracic area. He eventually underwent C3-4 cervical fusion with some benefit. Multiple transformational epidural injections have been done in the past 10 years. He still has chronic neck and thoracic pain in the setting of cervical, thoracic and lumbar degenerative disc disease with radiculopathy. The patient complains of chronic and aching left sided pain of the neck, thoracic, low back, upper and lower extremities. The patient states that his pain level is 6/10 with medications and 9/10 without. The medications reduce his pain by 30-50%. He reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living such as walking, shopping and light household chores. On physical examination, he walks with a slight limp. He has severe tenderness to the posterior cervical area region with spasm over the bilateral trapezii and levator scapulae. There is at least 30% restriction of range of motion in all planes. Spurling's test was positive. There is tenderness about the T7-8 level with muscle spasm as well. There is tenderness in the lumbosacral area with 20% restriction of extension, and 10% with flexion. He has normal lateral bending, negative straight leg raise and negative Patrick's test. Motor examination reveals some atrophy of the left thigh and deep tendon reflexes are 1+ on the left and 2+ on the right. There is hypoesthesia, dysesthesia left anterolateral thigh and also left posterolateral leg area and anterolateral arm. The patient is diagnosed with failed neck surgery syndrome, cervical radiculopathy, thoracic degenerative disc disease with progression, lumbar degenerative disc

disease, lumbar radiculopathy, left thigh muscle atrophy, and cervicalgia with paraspinal muscles and ligament tenderness which is progressive. His treatment plan is to continue with conservative measures and his chronic pain medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 3 refills: Upheld

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

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

Decision rationale: Based on MTUS guidelines non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However in most low back pain 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 medication in this class may lead to dependence. Zanaflex is an antispasticity/antispasmodic medication that is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 8 studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. In this case, the patient does have muscle pain and spasms as documented in the records. He also had been on Flexeril (another muscle relaxant) for several months. Zanaflex was started around 9/22/2014 which appeared to replace Flexeril. Based on MTUS guidelines, muscle relaxants like Flexeril and Zanaflex are to be used for acute or acute on chronic muscle spasms for a short duration, usually no more than 2-3 weeks. In this case, the patient has been on either Flexeril and Zanaflex for at least several months and there does not appear to be any documentation of a flare up of his muscle spasms, just his chronic pain along with chronic muscle spasms. Therefore, based on MTUS guidelines and the evidence in this case, the request for Zanaflex 4mg #60 with 3 refills is not medically necessary.