

Case Number:	CM14-0191238		
Date Assigned:	11/25/2014	Date of Injury:	06/01/2005
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, Allergy and Immunology and is licensed to practice in Florida. 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 injured worker is a 45-year-old female who reported an injury on 06/01/2005. The diagnosis included lumbar/lumbosacral disc degeneration. The mechanism of injury was repetitive driving and sitting. The surgical history included an L4-5 fusion in 2008. The prior therapies included injection and the use of muscle relaxants since at least 07/2014. The injured worker underwent an MRI of the lumbar spine and x-rays which were noncontributory to the request. The injured worker's medications included Celebrex 200 mg 1 daily, Norco 10/325 mg 1 five times a day, Oxycontin 20 mg 1 three times a day, Lyrica 50 mg 1 twice a day, Zanaflex 2 mg 1 tablet 3 to 4 times a day as needed, Biaxin 500 mg 1 twice a day, acyclovir 400 mg 2 a day, metoprolol succinate ER 25 mg 1 twice a day, and Soma 3 times a day as needed for muscle spasms. The most recent documentation submitted for review was dated 10/08/2014 which revealed the injured worker's pain without medications was a 9/10, and with medications was a 4/10. The injured worker indicated she had no new problems or side effects. The injured worker indicated medications were working well. Additionally, the injured worker indicated that she was having to pay out of pocket for medications, and she needed the medications to perform activities of daily living. The physical examination revealed restricted range of motion and that the injured worker had spasms and tenderness on the right side upon palpation. The treatment plan included a refill of medications. The documentation indicated the injured worker was utilizing Zanaflex for muscle spasms and was encouraged to self-taper the medication. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Zanaflex 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication assisted the injured worker to perform activities of daily living. However, the documentation further indicated the injured worker had utilized the medication for an extended duration of time. As it was indicated the injured worker had continued muscle spasms, the efficacy was not proven. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 120 tablets of Zanaflex 2 mg is not medically necessary.