

Case Number:	CM14-0217866		
Date Assigned:	01/07/2015	Date of Injury:	07/13/1999
Decision Date:	04/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 67 year old male who sustained an industrial related injury on 7/13/99. The injured worker had complaints of low back and bilateral hip pain. Physical examination findings included tenderness over the lower lumbar paravertebral musculature, intact strength in the lower extremities, and pain was elicited with external hip rotation. Diagnoses included herniated nucleus pulposus L4-5 and L5-S1 with arthropathy, status post bilateral total hip arthroplasties, and bilateral hip greater trochanteric bursitis. Medications included Norco. The treating physician requested authorization for Zanaflex 2mg with 2 refills. On 12/8/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no clear evidence of myospasm in the medical records. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex caplets, 2mg, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section Page(s): 64 - 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2mg with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are herniated nucleus pulposus L4 - L5, L5 - S1 with facet arthropathy; status post bilateral total hip arthroplasties; and bilateral hip greater trochanteric bursitis. Subjectively, the injured worker has continued complaints of low back pain and right hip discomfort. Objectively, there is tenderness over the lumbar spine paraspinal muscle. The documentation shows the injured worker was started on Zanaflex June 3, 2014. A three-month supply of Zanaflex was prescribed at that time. In November 2014 the injured worker was given another three months supply of Zanaflex. There is no documentation indicating objective functional improvement. Zanaflex is indicated for short-term (less than two weeks) use for acute low back pain and acute exacerbations in patients with chronic low back pain. There was no documentation of "an acute exacerbation". Consequently, absent clinical documentation with objective functional improvement in contravention of the recommended guidelines for short-term use, Zanaflex 2 mg with two refills is not medically necessary.