

Case Number:	CM15-0004457		
Date Assigned:	01/15/2015	Date of Injury:	08/15/1997
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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
 Certification(s)/Specialty: Emergency 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 71-year-old male, with a reported date of injury of 08/15/1997. The diagnoses include lumbar radiculopathy, low back pain, and lumbar disc disorder. Treatments have included a muscle relaxer, topical pain medication, oral pain medication, three (2) trigger point injections to the left lumbar paraspinal muscles, lumbar epidural steroid injection on 08/21/2002, and an MRI of the lumbar spine on 08/16/2004 07/09/2002, and 07/19/2001. The progress report dated 12/17/2014 indicates that the injured worker complained of lower backache. The pain level and activity level remained unchanged since the last visit. The injured worker was taking his medication as prescribed, and stated that the medications were working well. The injured worker indicated that he continued to have relief from the epidural injection down his legs. His axial low back pain had increased over time and he was interested in pursuing any interventions that may be helpful to address his pain. The objective findings of the lumbar spine included restricted range of motion with flexion limited to 60 degrees; extension limited to 10 degrees and more pain on extension; normal paravertebral muscles; tenderness of the spinous process on L4; positive lumbar facet loading bilaterally; negative bilateral straight leg raise test; and equal and symmetric reflexes in all lower extremities. The treating physician recommended the continuation of Zanaflex for muscle spasms and sleep. The treating physician noted that the injured worker reported that this medication was effective and allowed him to feel more rested for the next day to better address his chronic pain. On 12/31/2014, Utilization Review denied the request for Zanaflex 4mg #60 with 2 refills, noting that there was no documentation of spasm on examination, the injured worker had been taking the medication for

longer than three weeks, and it is not recommended for long-term use. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

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

Decision rationale: The requested Zanaflex 4mg #60 x 2 refills are not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has axial low back pain that has increased over time and he was interested in pursuing any interventions that may be helpful to address his pain. The treating physician has documented the objective findings of the lumbar spine including restricted range of motion with flexion limited to 60 degrees; extension limited to 10 degrees and more pain on extension; normal paravertebral muscles; tenderness of the spinous process on L4; positive lumbar facet loading bilaterally; negative bilateral straight leg raise test; and equal and symmetric reflexes in all lower extremities. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #60 x 2 refills are not medically necessary.