

Case Number:	CM15-0108420		
Date Assigned:	06/15/2015	Date of Injury:	02/04/2003
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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: Preventive Medicine, Occupational 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:

This 62 year old male sustained an industrial injury to the back on 2/4/03. Magnetic resonance imaging lumbar spine (10/4/10) showed disc protrusion at L5-S1 with minimal central canal stenosis as well as multilevel degenerative changes. Previous treatment included lumbar fusion, spinal cord stimulator trial and medications. In a pain management follow-up visit dated 3/3/15, the injured worker complained of ongoing low back and left leg pain rated 8/10 on the visual analog scale. The injured worker had difficulty with prolonged sitting, standing and walking as well as poor sleep quality due to pain. Physical exam was remarkable for decreased active range of motion in the lumbar spine, positive left straight leg raise and decreased deep tendon reflexes. The injured worker was now using a cane to ambulate. Current diagnoses included chronic low back pain status post fusion and hardware removal, bilateral leg numbness and tingling, status post lumbar fusion, myofascial pain/spasm, poor sleep hygiene, hypertension and status post spinal cord stimulator trial. Current diagnoses included lumbar post laminectomy syndrome, lumbago, lumbar spine radiculitis and sacroiliitis. The treatment plan included continuing medication management with medications (Nucynta, Zanaflex, Cymbalta, Nucynta ER, Baclofen, Ambien, Lyrica and Cialis), a new computed tomography of the lumbar spine and requesting epidural steroid injections at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Zanaflex 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no indication that the injured worker is suffering from spasticity. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The injured worker has taken Zanaflex for an extended period but continues to complain of pain at a 8/10 and no functional improvements. The request for 60 tablets of Zanaflex 4mg is determined to not be medically necessary.