

Case Number:	CM15-0017413		
Date Assigned:	02/05/2015	Date of Injury:	08/15/1997
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 70 year old male, who sustained an industrial injury on 8/15/97. He has reported low back pain. The diagnoses have included chronic musculoligamentous injury of the lumbar sacral spine, radicular symptoms involving the left buttocks and left lower extremity and chronic left trochanteric bursitis. Treatment to date has included oral medications, epidural injections and trigger point injections to lumbar paraspinal muscles. (MRI magnetic resonance imaging of lumbar spine has been performed in the past 2002 and 2004). Currently, the injured worker complains of low back pain, unchanged since previous visit. Progress note dated 12/17/14 noted the injured worker stated the medications are working well. Limited range of motion is noted of lumbar spine with tenderness noted at L4 of spinous process and light touch sensation is decreased over the L4 lower extremity dermatomes bilateral. On 1/15/15 Utilization Review non-certified Zanaflex 4mg 1 capsule #30 with 2 refills, noting the lack of documentation of muscle spasms being monitored. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/29/15, the injured worker submitted an application for IMR for review of Zanaflex 4mg 1 capsule #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1 capsule #30, Refill 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the 12/17/14 report the patient presents with unchanged lower back pain. The current request is for Zanaflex 4mg 1 Capsule. #30, Refill 2. The RFA is not included. The patient is not currently working. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The 12/17/14 report states the patient's medications work well without side effects. On 11/17/14 the treater states Zanaflex is for muscle spasms and sleep and that the patient states the medication is effective and allows him to feel more rested to better address his chronic pain. In this case, while this medication may help the patient, the MTUS guidelines state this medication is indicated for short-term treatment of acute exacerbations, and the patient has been prescribed the medication on a long-term basis since at least 10/17/14. Furthermore, this request for #30 with 2 refills does not suggest short term use. The request IS NOT medically necessary.