

Case Number:	CM15-0137503		
Date Assigned:	07/27/2015	Date of Injury:	02/11/1999
Decision Date:	08/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 2/11/99. The diagnoses have included discogenic lumbalgia, Complex regional pain syndrome (CRPS) and radicular pain. Treatment to date has included medications, activity modifications, diagnostics, and other modalities. Currently, as per the physician progress note dated 6/8/15, the injured worker complains of back pain, low back pain and lumbar complaints. He has back stiffness, numbness in the right leg, and sharp pain. The pain is rated 6-8/10 on pain scale. It is noted that he has noted substantial benefit from the medications, and he has nociceptive, neuropathic and inflammatory pain. The objective exam reveals severely antalgic gait with tilt. He is uncomfortable and has difficulty walking, sitting and standing. The lumbar region shows that he exhibits little spontaneous motion and moves in a stiff fashion. He appears worse than previous visit with antalgic gait. There is decreased light touch sensation bilaterally. The lumbar exam reveals pain with palpation, pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding which is slightly increased on presentation. The current medications included Norco, Zanaflex and Clonazepam. There is no previous urine drug screen noted in the records. Work status is permanent and stationary. The physician requested treatments included Zanaflex 4mg #60 and Clonazepam 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Zanaflex for several months in combination with Norco. There is no mention of NSAID failure. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.

Clonazepam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Clonazepam for several months along with a muscle relaxant- Zanaflex. Continued and chronic use is not recommended and is not medically necessary.