

Case Number:	CM15-0139396		
Date Assigned:	07/29/2015	Date of Injury:	05/30/2003
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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:

The injured worker is a 51 year old female, who sustained an industrial injury on May 30, 2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, and spasm of muscle. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging, medication regimen, electromyogram with nerve conduction study, and x-ray of the lumbar spine. Examination from March 31, 2015 revealed an antalgic gait, decreased range of motion to the lumbar spine, tenderness and spasm to the lumbar paravertebral muscles bilaterally, positive facet loading bilaterally, positive straight leg raise on the left side, and decreased sensation to the lumbar five lower extremity dermatome on the left side. In a progress note dated May 07, 2015 the treating physician reports complaints of low back pain. The injured worker's current medication regimen included Miralax, Lidoderm Patch, Docusate Sodium, Zanaflex, Lunesta, Cymbalta, Lyrica, Dilaudid, and Lexapro. The injured worker's pain level was rated a 6 on a scale of 1 to 10 with her medication regimen and the pain level was rated an 8 on a scale of 1 to 10 without her medication regimen. The treating physician also noted that the injured worker's activity level had decreased even with use of her medication regimen. The treating physician requested Zanaflex 2mg with a quantity of 60 with 1 refill noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

Decision rationale: MTUS Guidelines generally do not support the long-term use of muscle relaxants. Zanaflex could be a reasonable exception to this recommendation as the Guidelines do point out that there is support for its use in chronic low back pain. However, there is no reasonable evidence to support its use on an exceptional basis. Recent activity levels are decreasing, use of opioid medications are being rotated that the use Zanaflex is not documented to be particularly beneficial for muscle spasm or activity levels. Under these circumstances, the Zanaflex 2mg #60 with 2 refills is not supported by Guidelines and is not medically necessary.