

Case Number:	CM15-0166146		
Date Assigned:	09/03/2015	Date of Injury:	09/11/2009
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 female, who sustained an industrial injury on 9-11-2009. The injured worker was diagnosed as having lumbar spinal spondylosis without myelopathy, axial-mechanical low back pain, bilateral lumbar facet syndrome, and lumbar degenerative disc disease, left lumbar facet syndrome, lumbago, sciatica. The request for authorization is for: Zanaflex cap 4mg, 1 tab by mouth twice a day #60 with zero refills. The UR dated: 8-18-2015, non-certified Zanaflex 4mg, 1 tab by mouth twice a day #60 with zero refills. Several pages of the medical records have handwritten information which is difficult to decipher. The records indicate she has been utilizing Zanaflex since at least November 2014, possibly longer. On 4-22-2015, she reported low back pain with radiation into the left buttock and groin. She rated her pain 6-7 out of 10. She denied pain in the lower extremities, and there is notation of no evidence of lumbar radiculopathy. Her current medications include: Norco and Zanaflex. Physical findings revealed tenderness in the lumbar area, with pain and limited range of motion. She is off work. On 7-2-2015, she remains off work. She reported low back pain. She rated her pain 6-7 out of 10 with medications and 8-9 out of 10 without medications. She indicated she had radiating pain down the right hip and leg. Physical findings revealed decreased lumbar spine pain. On 7-29-2015, she reported low back pain with radiation into both legs and hips down to her toes. She also reported weakness, spasms, stiffness, numbness and tingling. She rated the pain 8 out of 10 without medications. Physical findings revealed muscle spasms in the low back, tenderness and pain with range of motion. She was given refills on her medications. The medications were not documented. The treatment to date has included: QME (2-15-2015),

radiofrequency neurotomy (3-30-2015), physical therapy, chiropractic treatment, home exercise program, medications included non-steroidal anti-inflammatory drugs (NSAIDs) and Zanaflex, lumbar facet injection, radiofrequency neurotomy (5-4-2015), AME (5-13-2015), Diagnostic testing has included: magnetic resonance imaging of the lumbar spine (undetermined date), CURES (4-22-2015), Liver and kidney tests were requested on (4-22-2015), urine drug analysis (4-22-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex cap 4mg, 1 tab by mouth daily twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Zanaflex, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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 records indicate that the muscle relaxant Zanaflex is being used as part of a long term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use is recommended. There is no evidence in the available records that the long term use of Zanaflex has been associated with improvement in specific, objective functional outcomes to include reduction in pain or increased activity. For these reasons, Zanaflex is not a medically necessary treatment.