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| Case Number: | CM15-0167119 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 01/09/1997 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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: North Carolina

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 55 year old female who sustained an industrial injury on 1-9-97. Diagnoses are cervicgia and postlaminectomy syndrome cervical region. In a progress report dated 8-4-15, the treating physician notes the injured worker had a laparotomy and hernia repair. Neck pain is noted to be constant on the left and described as achy. Without medication, pain is rated at 5-6 out of 10 and with medication is 2 out of 10 and tolerable. Upper extremity strength is 4 out of 5 on the left and right and reflexes are 2 out of 4. There is slight tenderness to palpation of the right neck and range of motion is limited at end ranges. Previous treatment includes medication, urine drug screening, x-rays, MRI, injection therapy, surgery, pain psychology counseling, heat pads, ice packs, and transcutaneous electrical nerve stimulation. The treatment plan is to start a daily stretching and exercise program, continue Elavil 25mg #90 2-3 at bedtime for nerve pain, continue Zanaflex 4mg #120 1 every 6 hours for spasm control, discontinue Cymbalta for pain and depression control, and continue Percocet 5-325mg every 4 hours as needed #180. Work status is to remain off work until over 1 year. The requested treatment is Zanaflex 4mg every 6 hours, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG every 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.