

Case Number:	CM15-0168817		
Date Assigned:	09/09/2015	Date of Injury:	01/24/2003
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 46 year old male with an industrial injury dated 01-24-2003. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet arthropathy, cervicogenic headache, cervical radiculopathy and failed neck surgery syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 7-30-2015, the injured worker reported cervical pain and bilateral upper extremity numbness and tingling. The injured worker rated current pain a 9-10 at best and a 10 out of 10 at worst, unchanged from previous exam. Cervical spine exam (6-22-2015 to 7-30- 2015) revealed bilateral paracervical tenderness and pain in the right occipitoparietal area. The treatment plan consisted of starting the injured worker on Robaxin and Zanaflex, continuation of Methadone, discontinuing Baclofen, home exercise program, and follow up visit. The treating physician prescribed Robaxin 750 mg, 180 count and Zanaflex 4 mg, sixty count x 1, now under review. Utilization Review determination on 08-06-2015 denied the request for Robaxin 750 mg, 180 count and Zanaflex 4 mg, sixty count x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, 180 count: 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: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" and "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." The available medical record indicates that multiple muscle relaxants are and have been in use, to include methocarbamol, cyclobenzaprine, soma, diazepam and recently d/c'd baclofen but it provides no objective findings in support of the use of muscle relaxants/anti-spasmodic medications. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Further the use of multiple medications within the same class is generally not recommended and there is no documentation detailing a rationale for use of multiple muscle relaxants. As such, the request for methocarbamol 750mg is deemed not medically necessary.

Zanaflex 4 mg, sixty count x 1: 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: Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants "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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008)." The available medical record indicates that multiple muscle relaxants are and have been in use, to include methocarbamol, cyclobenzaprine, soma, diazepam and

recently d/c'd baclofen but it provides no objective findings in support of the use of muscle relaxants/anti-spasmodic medications. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Further the use of multiple medications within the same class is generally not recommended and there is no documentation detailing a rationale for use of multiple muscle relaxants. As such, the request for zanaflex 4mg is deemed not medically necessary.