

Case Number:	CM15-0169243		
Date Assigned:	09/09/2015	Date of Injury:	11/03/2008
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 54-year-old female, with a reported date of injury of 11-03-2008. The diagnoses include cervical spinal stenosis, cervical radiculopathy, right shoulder joint pain, low back pain, and myofascial pain syndrome. Treatments and evaluation to date have included oral medications, including Zanaflex since at least 12-2014; cervical laminectomy and fusion on 04-28-2015 and physical therapy. The diagnostic studies to date included a urine drug screen on 05-18-2015 with inconsistent findings; x-ray of the cervical spine on 07-20-2015 which showed mild degenerative changes at C4-5 and C5-6 with osteophytes and endplate degenerative changes; a urine drug screen on 06-16-2015 with inconsistent findings; and a urine drug screening on 02-04-2015 with inconsistent findings. The progress report dated 07-16-2015 indicates that the injured worker continued to have neck pain and felt better a bit. It was noted that the current medication was helpful and allowed her to increase her activity level. The objective findings include a slightly antalgic gait; tenderness at almost all of the fibromyalgia tender points; tenderness to palpation of the cervical spine; multiple cervical trigger points; occipital tenderness; pain to palpation over the facet joints; tenderness of the cervical paraspinal muscles; tenderness at the facet joints; limited and painful cervical range of motion; tenderness in the low back and lumbar paraspinal muscles; decreased and painful lumbar range of motion; marked tenderness at the right acromioclavicular joint; and decreased and painful right shoulder range of motion. The injured worker was permanently disabled. The request for authorization was dated 07-25-2015. The treating physician requested Zanaflex 4mg #60. On 08-04-2015, Utilization Review non-certified the request for Zanaflex 4mg #60 due to no documentation that the injured worker took the medication or at what frequency; and no documentation of the presence of any muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg qty: 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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Xanaflex. MTUS guidelines state the following: 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. The clinical records lack documentation that this medication is to be used for a short term treatment. There are also no reported muscle spasm in the physical examination. This medications is not recommended for long-term usage. According to the clinical documentation provided and current MTUS guidelines; Xanaflex is not indicated as a medical necessity to the patient at this time.