MAXIMUS Federal Services

Case Number:	CM15-0169757		
Date Assigned:	09/14/2015	Date of Injury:	04/07/2011
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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 50-year-old female who sustained an industrial injury on 4-7-11. A review of the medical records indicates that she is undergoing treatment for failed back syndrome, cervical radiculopathy, lumbosacral radiculopathy, and cervicalgia. Medical records (2-19-15 to 8-3-15) indicate ongoing complaints of neck and low back pain. She rated her pain as the following: 4-13-15 - "10 out of 10", 5-11-15 - "7 out of 10", 6-8-15 - "7 out of 10", 7-6-15 - "4 out of 10", and 8-3-15 - "8 out of 10". Her medications include Norco 10-325, 1 tablet every 4-6 hours as needed and Zanaflex 4mg, 1 capsule twice daily. The records indicate that she has been receiving Zanaflex since 4-13-15. The injured worker reports "more than 50% analgesic benefit and functional improvement with her current pain medication regimen without adverse effects". She also reports that Zanaflex "provided her with mild analgesic benefit". The last urine toxicology screen showed no aberration. The physical exam notes that the injured worker was in "mild distress". She was noted to transition from seated to standing with "some discomfort". Range of motion was within normal limits of her joints. Her gait was noted to be antalgic, but she did not require an assistive device (8-3-15). Personal care, walking, standing, sleeping, sexual activity, and travelling were noted to cause "extra pain". Treatment has included narcotic pain medication (Norco) and muscle relaxants (Robaxin and Zanaflex) (4-13-15 to 8-3-15). No diagnostic testing is noted. The requested treatment is Zanaflex 2mg tablets every evening at bedtime, #30. The utilization review (8-17-15) denied the request, indicating that the medication is not recommended to be used longer than 2-3 weeks and that the injured worker has been receiving the medication for longer than 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #30 (1 tablet at bedtime as needed): 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 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. In addition, 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 certified.