

Case Number:	CM15-0181748		
Date Assigned:	09/23/2015	Date of Injury:	11/15/2008
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, 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:

This is a 30-year-old female with a date of injury of November 15, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated discs, and lumbosacral myofascial pain syndrome. The injured worker had a history of gastric bypass surgery on April 27, 2015. Medical records dated July 14, 2015 indicate that the injured worker complains of lower back pain, with pain, numbness and tingling radiating into the right lower extremity and foot. Records also indicate that the symptoms were exacerbated with prolonged standing and walking, and with performance of some activities of daily living (specifics not documented). A progress note dated August 4, 2015 notes subjective complaints of an area of focal pain in the left side of the lumbar surgical scar, "Feels like something's loose in her lower back region", and lower back pain that radiates into the right lower extremity and foot. Per the treating physician (July 14, 2015), the employee has returned to work with restrictions including no lifting, pushing, or pulling of greater than 35 pounds, and should be given an extra 15 minute break during an eight hour day. The physical exam dated July 14, 2015 reveals tenderness over the lumbosacral spine and the bilateral lumbar paraspinal musculature with muscle spasms, decreased range of motion of the lumbar spine with increased pain, and positive seated straight leg raise on the right. The progress note dated August 4, 2015 documented a physical examination that showed tenderness over the lumbosacral spine and the bilateral lumbar paraspinal musculature with muscle spasms, decreased and painful range of motion of the lumbar spine that had worsened since July 14, 2015, and positive seated straight leg raise on the right. Treatment has included lumbar spine surgery (date not provided), history of medications (Norco noted in January of 2015), and x-rays of the lumbar spine (August 4, 2015) that showed fusion hardware in place without any signs of movement or breakage. The

records indicate that the injured worker had not been taking any medications since the gastric bypass surgery. The original utilization review (August 17, 2015) partially certified a request for Zanaflex 4mg #60 (original request for Zanaflex 4mg #60 with one refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 with 1 refill: 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: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 claimant had been provided Zanaflex for myofascial pain. It was provided with other analgesics. Although it can be used for myofascial pain, long-term use is not indicated. The request for Zanaflex with 2 months refills exceeds the short-term use and is not medically necessary.