MAXIMUS Federal Services

Case Number:	CM15-0185893		
Date Assigned:	09/28/2015	Date of Injury:	11/06/2001
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 55-year-old male with a date of industrial injury 11-6-2001. The medical records indicated the injured worker (IW) was treated for chronic discogenic spinal pain; worsening disc disruption of the lumbosacral spine. In the 7-27-15 and 8-24-15 progress notes, the IW reported increased back pain and stiffness rated 2 or 3 out of 10, then 9 out of 10, with pain shooting down the left leg; leg pain was rated 4 out of 10. The provider noted medications improved the IW's pain by 60% without side effects or complications. It was documented there were no aberrant drug behaviors observed and the most recent urine drug screen (3-27-15) was within normal limits. The IW's attempts to wean medications reportedly caused increased pain and decreased functional capacity. Medications included Gabapentin, Motrin, Norco, Nuvigil, Xanax and Zanaflex (since at least 6-29-15). Objective findings on 7-27-15 and 8-24-15 included pain over the L4 to S1 hardware bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding. Pain in the lumbar and sacral spine radiated to the pelvic area and upper legs. Straight leg raise was positive. Treatments included trigger point injections, spinal surgery and Medrol dose pack. The IW was working without restrictions. A Request for Authorization dated 8-24-15 was received for Zanaflex 2mg, #60 with 3 refills. The Utilization Review on 9-1-15 modified the request for Zanaflex 2mg, #60 with 3 refills to allow only one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60 with three refills: 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: Per the MTUS guidelines, Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. Per the available documentation, the injured worker is suffering from intermittent spasticity. However, there is no objective evidence of functional improvement with the prior use of this medication. Furthermore, this request for 3 refills implies chronic use which is not supported by the guidelines. The request for Zanaflex 2mg #60 with three refills is not medically necessary.