

Case Number:	CM15-0199474		
Date Assigned:	10/14/2015	Date of Injury:	03/25/2015
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Florida, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 03-25-2015. A review of the medical records indicates that the worker is undergoing treatment for bilateral lumbar facet syndrome and lumbar spondylosis. Subjective complaints on 05-26-2015 include low back and left leg pain with numbness and tingling that was rated as 9-10 out of 10. Objective findings showed L3-L5 paraspinal muscle spasm and facet tenderness, increased pain with extension, decreased range of motion of the lumbar spine, and decreased deep tendon reflexes of the left leg. Treatment plan included a lumbar epidural steroid injection, continued medication and physical therapy. Subjective complaints (07-23-2015 and 08-25-2015) include low back pain that was rated as 4-5 out of 10 and had improved significantly with medication and lumbar epidural steroid injection. Objective findings (07-23-2015 and 08-25-2015) revealed L3-L5 paraspinal muscle spasm and mild facet tenderness, decreased range of motion of the lumbar spine and increased pain on extension of the lumbar spine. Treatment has included Norco, Lyrica, Soma, Zanaflex (prescribed prior to 08-25-2015 but start date unknown), physical therapy, epidural steroid injection and a home exercise program. Zanaflex was not listed as a medication in the 05-26-2015 or 07-13-2015 treating physician's progress notes. A utilization review dated 09-11-2015 non-certified a request for Zanaflex 4 mg #60 (09-03-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 63-66 of 127. This claimant was injured last March with low back and left leg pain. There is mention of lumbar spasm over several months of notes. There is no mention however of acute exacerbation of pain or spasm, however. Regarding muscle relaxants like Zanaflex, the MTUS recommends 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). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that 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 request was not medically necessary and appropriately non-certified.