

Case Number:	CM15-0206213		
Date Assigned:	10/23/2015	Date of Injury:	02/02/2013
Decision Date:	12/04/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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 42 year old female with a date of injury on 2-2-13. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand and wrist pain. Progress report dated 8-17-15 reports continued complaints of severe pain in both hands, arms and shoulders. The pain is described as constant, sharp and aching rated 9 out of 10 over the past week and 7 out of 10 at its best last week. Functional status and quality of life review indicates a high level of difficulty due to pain. Current medications: Lyrica, cyclobenzaprine and Tramadol. Objective findings: crepitus noted of bilateral wrists, trigger pints palpated in the upper trapezius, lower trapezius, levator scapulae and rhomboid region bilaterally, range of motion is decreased and decreased sensation to light touch noted in the bilateral digit 1-5. Treatments include: medication, physical therapy, acupuncture, cortisone injections, chiropractic and surgery. Request for authorization dated 9-29-15 was made for Zanaflex 2 MG quantity 30. Utilization review dated 10-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 MG #30: 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: 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 on muscle relaxants the prior months (Flexeril) along with Tramadol. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.