Case Number:	CM15-0210842		
Date Assigned:	10/29/2015	Date of Injury:	02/05/2012
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 53 year old male who sustained an industrial injury on 02/05/2012. Medical records indicated the worker was treated for status post lumbar fusion; left L5-S1 radiculopathy; myofascial back pain; left peroneal motor neuropathy; and left rotator cuff injury. In the provider notes of 09-01-2015, the injured worker complains of low back pain, and left posterior thigh pain rated as a 7 on a scale of 0-10 with complaint of numbness and tingling doing down the left lower extremity. Sitting aggravates the pain, walking alleviates it. Current medications include Ibuprofen. On examination, the lower extremities have 4+ out of 5 motor strength. The cervical and lumbar spine has decreased range of motion, and there is tenderness to palpation along the left lower lumbar and left sacroiliac-gluteal region. He has significant low back pain when getting up from a lying down position. The plan of care includes a short course of oral prednisone taper, and muscle relaxers. Local trigger point injections and acupuncture are also planned. A request for authorization was submitted for a Medrol Dose Pack, and Zanaflex 2 mg #60 with 2 refills. A utilization review decision 10/07/2015 non-certified the Medrol dose pack and non-certified the Zanaflex with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 110.

Decision rationale: According to the guidelines, Medrol and oral steroids are not approved for chronic pain. There is no mention of failure of Tricyclics, opioids, or Tylenol. The use of Medrol Dose Pak is not supported by the guidelines and is unnecessary, therefore is not medically necessary.

Zanaflex 2 mg #60 with 2 refills: 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. Continued and chronic use of muscle relaxants / antispasmodics is not medically necessary. The claimant had a high level of pain despite being on Zanaflex and NSAIDS. Therefore, Zanaflex is not medically necessary.