

Case Number:	CM15-0032277		
Date Assigned:	02/25/2015	Date of Injury:	06/12/1999
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 6/12/1999. He was diagnosed as having facet arthropathy, failed back surgery syndrome, lumbar, spinal stenosis lumbar region, chronic pain due to trauma, lumbar degenerative disc disease and radiculopathy thoracic or lumbosacral. Treatment to date has included a spinal cord stimulator (failed due to severe nausea), diagnostics, medications, exercise, TENS, heat, ice and rest. Per the Primary Treating Physician's Progress Report dated 11/18/2014, the injured worker reported moderate to severe worsening back pain. The pain is located in the lower back and gluteal area. Pain is rated as 4/10 with medications and 9/10 without medications. Physical examination revealed moderate lumbar spasm with tenderness. There is tenderness to the paraspinal facet, paraspinous, spinous, gluteal, piriformis and sciatic notch. Straight leg raise test is positive. The plan of care included medications Authorization was requested for Zanaflex 4mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #75 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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 Zanaflex for over 6 months. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.