

Case Number:	CM15-0041204		
Date Assigned:	03/11/2015	Date of Injury:	01/13/1974
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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 72 year old female, who sustained a work/ industrial injury on 1/13/74. She has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having failed neck and back fusion with chronic pain. Treatments to date included: medication, lumbar epidural steroid injection, activity restrictions and rest. Magnetic Resonance Imaging (MRI) of the lumbar spine reported moderate central canal stenosis at L3-4, moderate left sided L3-4 neural foraminal stenosis due to facet spurs. X-ray of the cervical spine reported C4-5 anterolisthesis which remains fixed between flexion and extension, s/p C5-6 anterior fusion, C4-5 and C6-7 discogenic degenerative disease. Currently, the injured worker complains of chronic neck pain that had increased. The treating physician's report (PR-2) from 1/15/15 indicated the pain score without medication was 10/10 and 9/10 with medication. There was some improvement with last epidural injection. A cane was used for ambulation. Examination noted increased tenderness and tightness along the lumbosacral region. There was decreased range of motion (more than 50%) in all planes. straight leg raise (SLR) was positive, bilaterally. There was some tenderness in the cervical region and spasm in the bilateral paracervical, trapezius, and rhomboidal muscles and ligaments and decreased range of motion. Spurling's was positive. There was also numbness and tingling bilaterally in her arms and legs posteriolateral. Medications included methadone, Elavil, Prilosec, and Zanaflex. Treatment plan included wean of methadone, refill current medication to include Zanaflex for spasms, and request authorization for transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #240: 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 at least 6 months in combination with opioids. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore continued use of Zanaflex is not medically necessary.