

Case Number:	CM15-0047912		
Date Assigned:	03/19/2015	Date of Injury:	12/18/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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: California, North Carolina
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 49-year-old male who sustained an industrial injury on 12/18/2012. Diagnoses include low back pain status post right L4-L5 microdiscectomy on 10/09/2013, chronic myofascial low back pain, and right foot drop status post-surgery 2013. Treatment to date has included surgery, medications, physical therapy, and epidural steroid injection. A physician progress note dated 01/08/2015 documents the injured worker has ongoing low back and right lower extremity pain. He continues to have foot drop and requires as MAFO brace. Average pain is about a 5 out of 10, and it can flare to 8 out of 10 and comes down to 3 out of 10 with Norco. Medications were supplied including Norco, Zanaflex and Voltaren ER. Treatment requested is for Prescription of Zanaflex 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This is a retrospective request for Xanaflex #120. MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). In most LBP cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. In addition, 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. Sedation is the most commonly reported adverse effect of muscle relaxants. The medical records reveal that this patient has been on muscle relaxants for an extended period of time, which is not recommended by MTUS guidelines. Although the Xanaflex prescription resulted in some improvement in pain and function, it is only recommended for short-term treatment (2 weeks or less) of acute exacerbation of muscle spasticity. The use of Xanaflex is considered unlabeled for low back pain. Chronic use of this medication is not recommended and this request is not medically necessary.