

Case Number:	CM15-0087060		
Date Assigned:	05/11/2015	Date of Injury:	09/11/2009
Decision Date:	06/19/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury to the low back/spine on 09/11/2009. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, injections, conservative therapies (more than 12 sessions of chiropractic therapy, and physical therapy), and lumbar spine surgery (04/06/2010). Currently, the injured worker complains of continued increasing pain in the left low back. Objective findings included spasms in the left low back, facet tenderness in the left lumbar region and increased pain on extension. The diagnoses include left lumbar facet syndrome, mechanical low back pain, and status post prior radiofrequency lumbar facet neurotomy. The request for authorization included Zanaflex 4 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant , medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The most recent progress report provided, dated 04/22/15, is handwritten and difficult to interpret. It states that the patient presents with left lower back pain rated 6-7/10 with spasm left L3-L5, L3-L5 along with facet tenderness with decreased DTR in the bilateral lower extremities. The current request is for Zanaflex 4mg Quantity 90. The 04/30/15 utilization review modified this request from #90 to #60. The patient is not working. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The reports provided for review do not discuss this medication. While the treating physician provides evidence of lower back spasms, the MTUS guidelines state that use is indicated for short-term exacerbations of chronic lower back pain, and this patient has been prescribed this medication on a long-term basis since at least 10/16/14. No evidence is provided of myofascial pain or fibromyalgia. Furthermore, the reports do not explain how this medication helps the patient. The MTUS page 60 states a record of pain and function should be recorded when medications are used for chronic pain. In this case, the request is not medically necessary.