

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0089321 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 11/02/2011 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on November 2, 2011. He reported right back and right knee injuries. The injured worker was diagnosed as having chronic right knee pain with meniscal tear status post arthroscopy, chronic low back pain, and lumbar facet syndrome versus lumbar radiculopathy. Diagnostic studies to date have included electromyography/nerve conduction studies and MRIs. Treatment to date has included physical therapy, a home exercise program, lumbar epidural steroid injections, work modifications, an H-wave unit, ice, and medications including pain, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On March 19, 2015, the injured worker complains of continuing lower backache, and poor sleep quality due to pain and stress. He rates his pain as 3/10 with medications and 6/10 without medications. His activity level is unchanged. He was accepted back to work by his employer. The physical exam revealed he turns en-bloc, significantly decreased pelvic excursion and rotation, pain in the neck muscles caused by Spurling's maneuver without radicular symptoms, restricted lumbar range of motion with pain, positive bilateral lumbar facet loading, and negative straight leg raise and Faber's tests. There was a surgical scar, restricted flexion and extension, crepitus with active movement, a positive McMurray's test, and pain with passive valgus manipulation of the right knee. The bilateral lower extremities motor strength was normal except for the right extensor hallucis longus was decreased. The sensory and deep tendon reflexes exams were normal. There was pain with lumbar extension and facet loading. The straight leg raise caused referred pain to the right buttock and groin. The treatment plan includes continuing Zanaflex 4mg tablet sig take 1 to 2

tablets at bedtime as needed for spasms and insomnia. Pain relief is noted to be 50% with current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #40: Overturned

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: In general MTUS Guidelines do not recommend the long term use of muscle relaxants. However, the Guidelines do provide information for an exception with the use of Zanaflex. The Guidelines point out that his medication has a different mode of action vs other muscle relaxants and there is quite good evidence that it can be beneficial for chronic low back pain. The treating physician clearly documents meaningful benefits with limited use. Under these circumstances, the Zanaflex 4mg. #40 is consistent with Guideline recommendations for Zanaflex. The Zanaflex 4mg. #40 is medically necessary.