

Case Number:	CM14-0145344		
Date Assigned:	09/12/2014	Date of Injury:	08/02/2013
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old male who reported an injury on 08/02/2013 due to a fall. The injured worker's diagnoses included sciatica, lumbar disc displacement and herniation, and lumbar radiculitis with neuritis. His past treatments included a home exercise program, physical therapy, medications, and injections. It was also specified that the injured worker had tried NSAIDs with no relief. The injured worker's diagnostic exams included an MRI and CT scan of the lumbar spine. The injured worker's surgical history was not indicated in the clinical notes. On 05/16/2014, the injured worker complained of low back pain, muscle spasms with daily activities, and poor sleep quality. He reported his pain as 10/10 at its worst and 4/10 at its best. An examination of the lumbar spine revealed severe tenderness, spasm, and radiation of pain. His straight leg raises were positive bilaterally. The injured worker's medications include Norco 10 mg and Zanaflex. The treatment plan encompassed the use of a right transforaminal nerve block for radiculopathy, continuation of Norco, an increased dose of Zanaflex to 4mg, and return to office in 8 weeks. A request was received for Zanaflex 4 mg 3 times a day. The rationale for the request was not indicated in the clinical notes. The request for authorization form was not included in the submitted clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 86.

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

Decision rationale: The request for Zanaflex 4mg three times a day is not medically necessary. The California 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. More specifically, in regard to Zanaflex, the guidelines state that this medication is used in the management of spasticity, and it has unlabeled use for low back pain. The submitted clinical notes indicate that the injured worker is being treated for chronic low back pain and he reported additional symptoms of muscle spasms with activity. In addition, the documentation showed that he had denied benefit from use of NSAIDs. The 05/16/2014 clinical note included a plan to increase the dose of Zanaflex to 4mg; however, the documentation failed to provide details regarding his previous dose, evidence of efficacy, and the duration of treatment. In the absence of this documentation, the appropriateness of an increased dose, and continued use of Zanaflex, cannot be established. Additionally, the request, as submitted, failed to indicate a quantity. Thus, the request for Zanaflex 4 mg 3 times a day is not medically necessary.