

Case Number:	CM14-0147880		
Date Assigned:	09/15/2014	Date of Injury:	04/24/2007
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 57-year-old male who reported an injury due to repetitive movement on 04/24/2007. On 02/11/2014, his diagnoses include failed left femoral acetabular resection of the femoral neck spur and chondroplasty in 12/2007, failed total hip arthroplasty with escalating pain at femoral insertion site associated with delayed bony healing in 01/2012, left piriformis muscle spasm, severe chronic pain, opiate induced constipation, right trochanteric bursitis, obesity, and severe depression aggravated by chronic pain. His medications included Lyrica 200 mg, fentanyl patch 100 mcg/hr, Nucynta ER 100 mg, Cymbalta 60 mg, Oxycontin 20 mg, and Zanaflex 6 mg, which had been prescribed since 10/23/2013. On 08/12/2014, it was noted that the Zanaflex was reduced to 4 mg. Upon examination, there were +2 muscle spasms noted on the left lumbar spine with pain radiating down into the left hip and buttock. There was tenderness to palpation at the left L5-S1 region. The Zanaflex was being prescribed for muscle spasms. A Request for Authorization dated 08/15/2014 was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg #30: Upheld

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

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

Decision rationale: The request for 1 prescription of Zanaflex 4mg #30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Zanaflex is FDA approved for the management of spasticity, and unlabeled use for low back pain. It is a first line option to treat myofascial pain. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. This injured worker's use of Zanaflex exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for 1 prescription of Zanaflex 4mg #30 is not medically necessary.