

Case Number:	CM14-0184355		
Date Assigned:	11/12/2014	Date of Injury:	03/23/2009
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56-year-old man who sustained a work related injury on March 23, 2009. Subsequently, he developed chronic low back pain. MRI of the lumbar spine dated January 8, 2014 documented 3 levels of lumbar spondylosis at L1-2, L3-4, and L4-5. EMG of the bilateral lower extremities dated June 17, 2013 documented a left L5 radiculopathy. According to a progress report dated September 30, 2014, the patient continued complaining of low back pain with radicular symptoms into his right lower extremity. He described his leg symptoms as numbness and a feeling of wet sock on his right foot. He stated his pain goes from an 8/10 down to a 3/10 with Norco. The patient's current medications include: Norco, Effexor, Gabapentin, Zanaflex, and Xanax. Physical examination revealed increased pain in the lumbar spine with forward flexion at 50 degrees. He also had increased low back pain with extension at 10 degrees. He had more pain with right lateral flexion, which was limited to about 15 degrees compared to 20 on the left. He was able to heel walk and toe walk with some difficulty. The patient was diagnosed with low back pain with radiating symptoms to bilateral legs and left L5 radiculopathy. The provider requested authorization to use Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore request for Zanaflex 4mg #30 is not medically necessary.