

Case Number:	CM14-0191705		
Date Assigned:	11/25/2014	Date of Injury:	03/10/2004
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine 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 (IW) is a 41-year-old man with a date of injury of March 10, 2004. The mechanism of injury occurred when the IW bent over to pick up two 5-pound bags of coffee. When he turned to the left to place the bags on top of a metal pallet, he began having pain in his lower back. Prior treatments have included physical therapy and chiropractic therapy with no lasting benefits. He has also used braces and TENS unit. Current diagnoses are low back pain; lumbar facet syndrome (bilateral); unspecified disorders of shoulder bursa and tendon in shoulder region; myofascial pain syndrome, thoracic paraspinal vs. internal disc disruption; rotator cuff syndrome of shoulder and allied disorders (right); lumbar radiculitis; and spasm of muscle. Pursuant to the progress report dated October 7, 2014, the IW complains of mid to low back pain, shoulder pain, and neck pain. His pain is constant and sharp with occasional radiation to the right side greater than the left side. He reports that he is taking his medications as prescribed and they are working well. The medications allow him to continue to perform housework and occasionally they are needed to help him walk. There are no tolerance problems. There are no signs that the IW is developing medication dependency and no medication abuse is suspected. Current medications include Hydrocodone-APAP 10/325mg, Naproxen Sodium 550mg, Pepcid 20mg, and Zanaflex 4mg. According to documentation, the IW has been taking Zanaflex since at least April 25, 2014, which was the earliest progress note in the records submitted for review. The current request is for Zanaflex 4mg TID #45, and Pain Management Program 2 (half day sessions) a week for 1 week. There was no documentation of objective function improvement associated with the continued use of Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg TID: 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): 65-66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg TID is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's diagnoses are low back pain; lumbar facet syndrome; unspecified disorders of shoulder bursa and tendon and shoulder region; myofascial pain syndrome; rotator cuff syndrome of shoulder; chronic pain syndrome; lumbar radiculitis; and spasm of muscle. Progress notes dated April 25 2014 indicate the injured worker was taking Zanaflex 4 mg at that time. It is unclear whether this was a refill or the initiation of that drug. Muscle relaxants (Zanaflex) are indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. The date of injury is March 10, 2004 and the documentation does not support an "acute" exacerbation of the low back pain. Additionally, the treating physician clearly exceeded the recommended short-term treatment (less than two weeks). There is no compelling clinical evidence in the medical record to support the ongoing use of Zanaflex. Consequently, Zanaflex 4 mg TID is not medically necessary.

Pain management program 2 (half day sessions) a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain management program Page(s): 32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines enumerate the criteria for the general use of multidisciplinary pain management programs. All of the criteria must be met to qualify for the program. They include, but are not limited to, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant improvement; treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. See guidelines for additional details. In this case, the injured workers diagnoses are low back pain; lumbar facet syndrome; unspecified disorders of shoulder bursa and tendon and shoulder region; myofascial pain syndrome; rotator cuff syndrome of shoulder; chronic pain syndrome; lumbar radiculitis; and spasm of muscle. The treating physician's request was a pain management program, two

half-day sessions per week for four weeks. The guidelines indicate treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. The request is clearly in excess of the recommendations pursuant to the Chronic Pain Medical Treatment Guidelines. Consequently, pain management program, half-day sessions, two sessions per week for four weeks are not medically necessary.