

Case Number:	CM14-0212634		
Date Assigned:	12/30/2014	Date of Injury:	07/23/1999
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Massachusetts

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 48 year old female who sustained a back injury at work on 7/23/99. She is post AP fusion at L4-5 and L5-S1 in 2001, with hardware removal in 2002, and multiple treatments including lumbar epidural steroid injections, medications and functional restoration program, as well as psychological visit. On 6/9/14 the injured worker was seen by her primary treating physician for a follow up for her lumbar spine. Her pain level is 10/10 and she is requesting a referral for SCS implant. Physical exam notes her gait in non-antalgic, she uses no assisting devices for walking and is able to sit for 15 minutes without noticeable limitations or discomfort. Her current medication regimen is OxyContin 20mg /10mg - 20mg tab 3 tabs am, 3 tabs noon and 2 tabs at bedtime up to 8 per day and 10 mg one at bedtime, Zanaflex 4mg three times a day as needed, Klonopin 2mg tablet one at bedtime, Lunesta 1mg tablet at bedtime, Lidoderm patch once a day, Fluoxetine 20mg 1 capsule daily, Neurontin 300 mg 3 in the morning, 2 at noon and 3 at bedtime total 8per day . Treatment for displacement int disc, lumbar is to continue with medication regime , engage in home exercises and request SCS implant. Subsequent visits between 8/4/14/-12/29/14 to the primary treating physician note the injured workers pain level from 7-8/10 with no significant changes in character, frequency, duration or location of pain and no other complaints. The physical exam for these visits notes no significant changes. The medication regimen for the patient continues to be prescribed with the exception of a modification to the OxyContin dosage to 60 mg three times a day on 12/1/14.

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, #90 between 12/1/2014 and 2/2/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: Zanaflex is a short acting muscle relaxer used to treat spasticity by temporarily relaxing muscle tone. Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants. Therefore, the request for Zanaflex is not medically necessary.