

Case Number:	CM15-0111852		
Date Assigned:	06/18/2015	Date of Injury:	07/11/2013
Decision Date:	07/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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(n) 37 year old male, who sustained an industrial injury on 7/11/13. He reported pain in his lower back and left leg after lifting a heavy object. The injured worker was diagnosed as having chronic low back pain, lumbar radiculitis and myofascial pain syndrome. Treatment to date has included a lumbar MRI on 4/15/14 showing a disc herniation at L4-L5, a lumbar medial branch block on 9/16/14 and physical therapy. Current medications include Relafen and Zanaflex (since at least 1/5/15). On 1/5/15, the injured worker rated his pain 9/10 without medications and 7/10 with medications. He has not been able to return to work. As of the PR2 dated 5/26/15, the injured worker reports persistent low back pain. Objective findings include a positive straight leg raise test on the right and no abnormality in the gait. The treating physician requested to continue Zanaflex 4mg #60 x 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG #60 with 4 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months in combination with NSAIDs with only a 2 point improvement in pain score. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex with 4 refills is not medically necessary.