

Case Number:	CM15-0119575		
Date Assigned:	06/30/2015	Date of Injury:	06/15/2011
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: North Carolina

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 43 year-old male who sustained an industrial injury on 06/15/11. He reports back pain status post fall from lifting. Initial diagnoses include lumbar strain. Treatments to date include analgesic/anti-inflammatory and pain medications, MRI, orthopedic spine consultation, psychological consultation, chiropractic therapy, acupuncture, aquatic therapy, home exercise, and 3 epidural steroid injections with minimal benefit. Current diagnoses include unspecified thoracic/lumbar neuritis, lumbago, and depressive disorder. In a progress note dated 05/20/15 the injured worker reports numbness and weakness of the legs, more on the right. He has some right knee pain, headaches, and shoulder pain. He has stomach and psych problems. Physical examination reveals the spine with decreased range of motion in all directions with tenderness to the lumbar area. There is motor tendency to give way. Sensory is decreased at L4 and L5 on the right. Gait is antalgic with use of a cane. Deep tendon reflexes are 2+ lower and symmetrical. Treatment recommendations include continuing medications with the addition of Zanaflex 4 mg 3 times a day #9 with one refill. The injured worker is under temporary total disability. Date of Utilization Review Decision Letter: 06/09/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg 3 times daily, #90 1 refill: 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): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.