

Case Number:	CM15-0126179		
Date Assigned:	07/10/2015	Date of Injury:	10/01/2007
Decision Date:	08/12/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 66 year old male who sustained an industrial injury on October 1, 2007. He reported falling off a ladder suffering a meniscal injury on the right. The injured worker was diagnosed as having lumbar post-laminectomy syndrome status post fusion, neck pain, tension headache, and right knee joint replacement. Treatments and evaluations to date have included right total knee arthroplasty, lumbar fusion, physical therapy, home exercise program (HEP), x-rays, and medication. Currently, the injured worker complains of back pain due to post-laminectomy syndrome and right knee pain status post total right knee replacement. The Treating Physician's report dated May 18, 2015, noted the injured worker reported constant back pain, experiencing too much pain driving to start physical therapy. The injured worker was noted to report his medications improve his tolerance for walking and sitting for longer periods as well as providing 30% pain relief to allow him to continue with home exercises. The physical examination was noted to show the injured worker with an antalgic gait with spasm and guarding noted in the lumbar spine. The injured worker's current medications were listed as Lidoderm patch, Zanaflex, Wellbutrin, Ibuprofen, Benazepril HCL, Lidocaine patch, Simvastatin, and Zyrtec. The treatment plan was noted to include prescriptions for Lidoderm patches, Zanaflex, Wellbutrin, and ibuprofen. The injured worker's work status was noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants 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, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Tizanidine (Zanaflex) is FDA approved for management of spasticity, with unlabeled use for low back pain, and with recommendation for liver function testing monitored baseline at 1, 3, and 6 months to monitor for side effects, including hepatotoxicity. The injured worker was noted to have been using the Zanaflex since at least October 2014, with continued notation from the physician that the injured worker was using the medication as needed to help with muscle spasms in his back. No monitoring of liver function was documented. The physical examinations continue to indicate lumbar muscle spasms since January 2015, without documentation of objective, measurable improvement in the injured worker's function or activities of daily living (ADLs) with the use of the Zanaflex. Return to work was not noted. The injured worker has been using Zanaflex for chronic muscle spasms, without documentation of acute flare up. Therefore based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Zanaflex 4mg #60.