MAXIMUS Federal Services

Case Number:	CM15-0171322		
Date Assigned:	09/11/2015	Date of Injury:	02/15/2003
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 41 year old female, who sustained an industrial injury on February 15, 2003. She reported right knee pain. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion with chronic neck pain, cervicogenic headaches and muscle spasms, lumbar sprain and strain with degenerative joint and facet arthrosis per imaging studies, Multiple knee surgeries with revisions including multiple meniscal tear repairs without ongoing knee pain and instability, right knee pain with sprain, strain and degenerative joint disease and severe anxiety and depression stable with Xanax use as needed. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention, exercise, medications and work restrictions. Currently, the injured worker continues to report neck pain, back pain and ongoing pain in the right knee. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. She was treated surgically without complete resolution of the pain. Evaluation on August 3, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst, at 4 at best with medications and at 10 without medications. Physical exam revealed a very swollen left knee with crepitus on extension. It was noted she could actively flex the left knee to 110 degrees and extend it to 5 degrees. The right knee exam revealed crepitus on passive range of motion and a full range of motion. Bilateral shoulder exam revealed tenderness to palpation and decreased range of motion in all planes. Bilateral shoulders were noted to have positive impingement signs and crepitus on circumflexion. The low back was noted to have limited range of motion and the neck range of motion was noted as decreased. There was noted palpable spasm in the cervical paraspinal

musculature. Medications including Xanax and Zanaflex were continued. The RFA included a request for Xanax 0.5mg, #30 that was modified and Zanaflex 4mg, #150 that was non-certified on the utilization review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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 medically necessary.

Xanax 0.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks.Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term us of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.