

Case Number:	CM15-0171740		
Date Assigned:	09/21/2015	Date of Injury:	03/14/1992
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 58 year old male who sustained an industrial injury on 03-14-1992. Treatment to date has included Valium, Norco, Motrin, Flexeril, Celebrex, Zorvolex, gabapentin, trigger point injections, and TENS unit. According to a progress report dated 08-05-2015, the injured worker reported pain in the left low back and gluteal region. He reported that he did quite well with periodic trigger point injections. He felt that he would require a repeat injection during his visit. Pain was constant down the left leg. There was periodic numbness in his left foot. Pain without medication was rated 6-7 on a scale of 1-10 and with medications was 2-3 and tolerable. With medications, he was able to walk for exercise and only very light yard work as long as he wasn't required to bend at the waist. He had some mild constipation from the medications, which was controlled with over the counter stool softener. Stiffness and guarding was noted when transferring. A guarded stiff posture while ambulating was noted. He had normal muscle bulk and tone. He had slow and guarded range of motion in the low back. His strength in the lower extremities revealed 5 out of 5 on the right and 3 out of 5 on the left with decreased sensation in left to right side. He had tender points in the left gluteal region. Diagnoses included lumbago, degenerative lumbar lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. The treatment plan included the start of Motrin, continue Norco, start Zanaflex, trigger point injections, TENS unit, and daily exercise program. A urine drug screen was noted as appropriate. Work status was noted as retired. Records submitted for review shows previous use of non-steroidal anti-inflammatory medications on 11-12-2012, 07-22-2014 and 09-18-2014 and use of muscle relaxants on 07-22-2014, 09-18-2014 and 10-10-2014. On 08-13-2015,

Utilization Review non-certified the request for Zanaflex 2 mg every 8 hours as needed #90 and modified the request for Motrin 600 mg every 8 hours as needed #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 MG Every 8 Hours As Needed #90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as Zanaflex (tizanidine), are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. Additionally, Zanaflex is an alpha2-adrenergic agonist that is FDA approved for management of spasticity, but has unlabeled use for low back pain. Recent treating provider notes from 8-5-2015, stated that the injured worker had tenderness and tender points in his gluteal region, but there is no documentation of spasm. In addition, he has had good response to trigger point injections, which were to be repeated per the treating provider. Therefore, the request for Zanaflex 2 mg every 8 hours as needed #90 is not medically necessary and appropriate based on the current guidelines and medical history.

Motrin 600 MG Every 8 Hours As Needed #90: Overturned

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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS guidelines cited state that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. However, in acute exacerbations of LBP, NSAIDs are recommended as a second-line treatment, and for neuropathic pain, it may be useful for breakthrough pain. The injured worker's baseline pain is overall around 1-2/10, but without his medications will increase to 6-7/10. The injured worker has reported functional benefit while on Motrin and is able to walk for exercise and do mild yard work. Based on the available medical records and guidelines cited, Motrin 600 mg every 8 hours as needed #90 is medically necessary and appropriate for short-term symptomatic relief.

