

Case Number:	CM15-0174013		
Date Assigned:	09/15/2015	Date of Injury:	04/02/2010
Decision Date:	10/15/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, New York
 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 52 year old male, who sustained an industrial injury on 4-2-2010. The injured worker was diagnosed as having lumbar spinal stenosis, chronic lumbosacral strain. The request for authorization is for: Zanaflex 4mg #30. The UR dated 8-27-2015: denied the request for Zanaflex 4mg #30; and authorized the request for Norco 10-325mg #120. The records indicate he has been utilizing Zanaflex since at least December 2014, possibly longer. On 4-15-2015, he reported low back pain which was rated 6 out of 10 in severity. Physical findings revealed he weighed 221 pounds, and had a slight right antalgic gait. "Patient has restricted range of motion at L4 spine and tenderness in the left sacroiliac". On 6-10-2015, he reported low back pain which was rated 6 out of 10 in severity. He reported that he works 40 hours weekly and is taking Norco and Zanaflex 4mg which give 75% pain relief. Physical findings revealed that he ambulated with a slight right antalgic gait and there is "tenderness in the left sacroiliac joint". He is noted to have restricted lumbar range of motion. He was given a Toradol injection in the low back for exacerbation of pain. On 8-7-2015, reported low back pain rated 4 out of 10 in severity. He reported that he works from 40-50 hours weekly and is taking Norco 10-325mg and Zanaflex 4mg. Physical findings revealed he weighs 247 pounds, his motor and sensory and speech are within normal limits. Upon palpation there is noted tenderness in the low back area. The provider noted "medications are effective by 75% for pain relief". The work status is noted to "limit standing on the job". The treatment and diagnostic testing to date has included: medications, pain injection of Toradol, QME evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30 (prescribed on 07/16/15): 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 section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #30 prescribed July 16, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and chronic lumbosacral sprain. Date of injury is April 2, 2010. Utilization review references a July 16, 2015 progress note. There is no July 16, 2015 progress note in the medical record. According to a progress note dated December 15, 2014, current medications include Zanaflex 4 mg. The treatment plan states continue Zanaflex 4 mg bedtime. January, February, and April 2015 progress notes do not contain documentation of Zanaflex 4 mg. However, in June 2015 treatment plan states continue Zanaflex 4 mg. Subjective complaints include low back pain 6/10. Objectively, there is tenderness over the left SI joint with decreased range of motion. There is no spasm noted. Zanaflex is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider prescribed Zanaflex, at a minimum, in excess of six months based on the record. Zanaflex is recommended short-term (less than two weeks). There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The documentation does not demonstrate objective functional improvement to support ongoing Zanaflex use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, continued Zanaflex use well in excess of the recommended guidelines for short-term use (in excess of six months) and no documentation demonstrating objective functional improvement to support ongoing Zanaflex, Zanaflex 4 mg #30 prescribed July 16, 2015 is not medically necessary.