

Case Number:	CM15-0174355		
Date Assigned:	10/07/2015	Date of Injury:	09/10/1988
Decision Date:	11/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 63 year old male, who sustained an industrial injury on September 10, 1988, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs and restricted activities. He underwent a surgical lumbar decompression and spinal fusion but complained of ongoing instability. Currently, the injured worker complained of severe low back pain radiating into the bilateral lower extremities. He had increased muscle spasms and decreased motor strength and sensation of the lower extremities. Due to the intense muscle spasms of the lower back the injured worker had a hard time getting out of bed and performing daily activities. The treatment plan that was requested for authorization on September 4, 2015, included prescriptions for Zanaflex 4 mg #90 with 5 refills and Valium 5 mg #30 with one refill. On August 25, 2015, a request for Zanaflex 4 mg #90 was modified to one prescription with a quantity of #68 with no refills; and a prescription for Valium was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 with 5 refills: 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: Zanaflex is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement and there is no additional benefit shown in combination with NSAIDs. Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and is used off label for low back pain. In this case, the long term use of a muscle relaxant is not appropriate. The requested prescription includes 5 refills which exceeds what would be necessary for an acute exacerbation. The request is not medically necessary.

Valium 5mg #30 with 1 refill: 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: According to the MTUS, benzodiazepines are "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." This request is for #30 with a refill, which exceeds the typical guideline of 4 weeks. The request is not medically necessary.