

Case Number:	CM15-0175813		
Date Assigned:	09/17/2015	Date of Injury:	10/11/2005
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California

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 38 year old female who sustained an industrial injury October 11, 2005. Past history included cervical neoplasia, depression, anxiety, and PTSD (post traumatic stress disorder). Diagnoses are lumbar degenerative disc disease; lumbar radiculitis; bilateral low back pain with sciatica. According to a treating physician's progress report dated August 18, 2015, the injured worker presented for re-evaluation of her low back and extremity pain, associated with numbness and tingling in the bilateral legs. She rated her pain 7-8 out of 10 without medication and 3-4 out of 10 with medication. With medication she reported the ability to take care of her home; cooks and cleans, active outside, and takes care of a 14 year old daughter. She also uses a TENS (transcutaneous electrical nerve stimulation) unit at home. Physical examination revealed; 5'7" and 185 pounds; lumbar spine- tenderness in the paraspinal muscles L4-S1, range of motion decreased in both flexion and extension, palpable spasm; sensation is decreased in the lateral and posterior legs, Patrick's is negative and straight leg raise is negative; continued decreased external rotation of the hips; gait is mildly antalgic. Current medication included ibuprofen, Hydrocodone-Acetaminophen, Oxymorphone, Zolpidem, Cyclobenzaprine, Omeprazole and Gabapentin. Treatment plan included; complete water therapy (interrupted for poison oak), trial Zanaflex for muscle spasm, and prescribed medication. Physician documents a CURES report, June 17, 2015, consistent with prescribed medication. A urine toxicology report dated April 9, 2015, and present in the medical record is consistent with prescribed medication. At issue, is the request for authorization dated August 19, 2015, for Zanaflex 4mg #60. According to utilization review dated August 28, 2015, the request for Zanaflex 4mg #60 has been modified to Zanaflex 4 mg #30.

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 Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used 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. 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. In this case, the claimant had been on muscle relaxants the prior months, including Flexeril in combination with NSAIDs and opioids. Long-term use of muscle relaxants is not recommended. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore, Zanaflex is not medically necessary.