

Case Number:	CM15-0178311		
Date Assigned:	09/18/2015	Date of Injury:	03/25/2011
Decision Date:	10/22/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This injured worker is a female, with no date of birth noted in the medical records provided, who reported an industrial injury on 3-25-2011. The history noted a low back injury in 2008. Her diagnoses, and or impressions, were noted to include: neck pain, trigger point; right shoulder pain; low back pain, trigger point; and lumbar radiculitis. No current imaging studies were noted. Her treatments were noted to include: a qualified medical evaluation; medication management, and modified work duties. The progress notes of 8-3-2015 reported a follow-up visit for continued difficulties with the feeling of muscle tenderness in the right upper neck that radiated to the eye, down the shoulder and to the upper back, which was managed at a 4 out of 10 with medications; otherwise her pain would be a 7-8 out of 10. Objective findings were noted to include focal point of tenderness in the right upper para-cervical musculature, and a zone of reference into the head and right shoulder girdle. The physician's requests for treatments were noted to include the request a prescription for Zanaflex 4 mg, 1 tablet as needed for spasms, #30, to address the upper neck symptoms while awaiting authorization on the trigger point injections. The Request for Authorization, dated 8-12-2015, was noted to include Zanaflex 4 mg at hour of sleep, #30. The Utilization Review of 8-19-2015 non-certified the request for Zanaflex 4 mg, #30, lumbar, neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #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): 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. In addition, 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 opioids with good pain control. There was no mention of NSAID failure. In addition, use of muscle relaxants over a few days or week is appropriate. The Zanaflex with 1-month supply is beyond the time for maximum benefit and is not medically necessary.