

Case Number:	CM15-0065307		
Date Assigned:	04/13/2015	Date of Injury:	04/15/2003
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 04/15/2003. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs. Currently, the injured worker complains of flare-up/increased low back pain. The diagnoses include chronic lumbar strain with bilateral radiculitis, and insomnia secondary to lumbar pain. The treatment plan consisted of discontinuation of back brace, continued home exercises and conservative care, medications (including Zanaflex, Norco, and Lidoderm patches), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Rx 2/3/15 Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 63 year old patient complains of pain in the lumbar spine, rated at 5-9/10, that radiates to the lower extremities and is accompanied by tingling in the right foot and insomnia, as per progress report dated 02/03/15. The request is for RETROSPECTIVE RX 2/3/15 ZANAFLEX 2 mg # 60. The RFA for this case is dated 02/13/15, and the patient's date of injury is 04/15/03. Diagnoses, as per progress report dated 02/03/15, included chronic lumbar strain, bilateral lumbar radiculitis, and insomnia secondary to pain. Medications included Norco, Zanaflex, Lidoderm patch, Lunesta and Elavil. The patient has been allowed to continue her usual and customary work, as per the same progress report. MTUS Guidelines pages 63 through 66 state recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. They also state this medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, a prescription for Zanaflex is first noted in progress report dated 08/25/14, and the patient has been taking the medication consistently at least since then for muscle spasm. The treating physician, however, does not specifically document an improvement in pain or function due to the medication. Although most muscle relaxants are approved for short-term use, Zanaflex can be used for extended period of time. Nonetheless, given the lack of documentation about efficacy, this request IS NOT medically necessary.