

Case Number:	CM15-0092764		
Date Assigned:	05/19/2015	Date of Injury:	07/05/2013
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 37 year old male who reported an industrial injury on 7/5/2013. His diagnoses, and/or impressions, are noted to include: lumbar disc herniation, right para-central with severe lateral recess stenosis; lumbosacral disc displacement with moderate lateral recess stenosis; and lumbosacral facet arthropathy/disc degeneration. No current imaging studies are noted. His treatments have included medication management and modified work duties. The progress notes of 4/7/2015 noted complaints of mild-moderate radiating low back pain, into the buttocks, on medications, that is severe without medications. The objective findings were noted to include tenderness over the mid-line lower lumbar spine and bilateral lumbar para-vertebral musculature; decreased sensation over the lumbosacral dermatome distribution; and painful, decreased range-of-motion. The physician's requests for treatments were noted to include Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. The primary treating physician's progress report dated 4/7/15 documented the diagnoses of L4-5 disc herniation, L5-S1 disc displacement, and L4-S1 facet arthropathy disc degeneration. Current medications included Ibuprofen and Soma. Date of injury was 7/5/13. Medical records document the use of NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. Medical records document the long-term use of muscle relaxants. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Zanaflex is not supported by MTUS and ACOEM guidelines. Therefore, the request for Zanaflex is not medically necessary.