



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: October 18, 2010

IRO Case #:

Description of the services in dispute:

Denied for Medical Necessity: Items in dispute: Pain Medication

A description of the qualifications for each physician or other health care provider who reviewed the decision

This physician reviewer is board certified by the American Board of Anesthesiology in General Anesthesiology and Pain Medicine. This reviewer is a member of American Society of Anesthesiology, American Society of Interventional Pain Physicians, and American Society of Regional Anesthesia.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

The chronic use of Zanaflex is not medically necessary.

Information provided to the IRO for review

Records from State:

Request for a Review by an Independent Review Organization, 9/30/10, 6 pages

Letter, 9/30/10, 2 pages

Review Appeal Request, 9/21/10, 2 pages

Review Appeal Request, 8/12/10, 2 pages

Records from URA:

orthopaedic Surgery Group, 7/26/10, 4 pages

Dr. Clinical Note, 8/24/07, 12 pages

Patient clinical history [summary]

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The patient is a male who sustained an injury on xx/xx/xx when he fell from a ladder, twisting his right knee. A prior review performed 08/24/07 states the patient had a MRI of the lumbar spine in August 1999 that showed mild disc bulging at L5-S1 without evidence of disc herniation or spinal cord stenosis. An MRI of the left knee performed 12/16/97 demonstrates joint effusion, torn anterior cruciate ligament (ACL), and extensively torn and fragmented medial meniscus with displaced meniscal fragments and chronic tear of the fibular collateral ligament. The patient underwent arthroscopic chondroplasty and lavage of the medial femoral condyle on 03/29/01. The patient underwent arthroscopic evaluation and removal of the tibial screw with implantation of meniscal allograft and autologous chondrocyte implant on 06/14/01. The patient underwent diagnostic arthroscopy with limited debridement of the autologous chondrocyte implant on 01/31/02. The patient underwent lumbar epidural steroid injections on 05/31/02, 05/24/02, and 06/01/04. The patient was prescribed Ultracet, Neurontin, and Zanaflex on 07/11/05. An MRI of the left knee performed 07/23/05 showed ACL repair with only a few graft fibers visualized. The patient's Zanaflex dose was increased on 08/31/05. The patient underwent diagnostic arthroscopy, medial femoral chondroplasty with micro fracture, medial tibial plateau chondroplasty and trochlear chondroplasty on 10/27/05. The patient underwent Synvisc injections to both knees on 02/27/07, 03/06/07, and 03/13/07. The patient was prescribed Neurontin, Ketoprofen, Vicodin, Ultracet, and Zanaflex on 03/28/07. The patient was recommended for left knee replacement on 07/10/07.

There is a gap in clinical documentation. The patient saw Dr. on 07/26/10 with complaints of lower extremity pain, knee pain, and chronic intractable pain syndrome. Physical exam reveals pain with flexion and extension. There is bilateral knee pain on flexion and extension with pain to deep palpation. Kemp's, Romberg, and Babinski are negative. The patient is assessed with bilateral knee pain, bilateral lower extremity pain, chronic intractable pain syndrome, and chronic opioid use. The patient is prescribed Neurontin, Zanaflex, Lunesta, Norco, Ketoprofen, Mobic, and Senokot. The request for pain medication was denied by utilization review on 08/23/10 due to lack of evidence that continued long-term use of this medication is indicated, as well as lack of objective findings to warrant this medication. The request for pain medication was denied by utilization review on 09/29/10 due to peer-reviewed literature indicating that Zanaflex is relatively ineffective in long-term use. The patient is said to have chronic intractable pain, principally in the knee and leg. The requested medication has application in the acute back problems, but there is less indication in chronic problems. Without proven benefit, the request cannot be considered reasonable or medically necessary.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The chronic use of Zanaflex is not medically necessary. The prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1.Official Disability Guidelines, Online Version, Pain Chapter.

1615613.1

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