

Case Number:	CM13-0021860		
Date Assigned:	11/13/2013	Date of Injury:	09/08/1997
Decision Date:	01/14/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 female with a date of injury of September 8 1997, She hurt her low back when lifting, carrying a box. Her current diagnoses are status post lumbar hemi-laminectomy and discectomy, Right lateral L3-4 disc protrusion. Objective findings from PTP on 8/9/2013 include mid lumbar tenderness, Straight leg raise positive at 60°^o, and the patient has been taking Norco Flexeril and Lidoderm. She states she is taking the Flexeril 1-2 times a week. The request was for Neurontin and Zanaflex. There is no note of spasm in the objective findings. She also states she does not use the medications regularly. And the patient has been deemed MMI on 4/2013. The patient has been taking muscle relaxants, including Zanaflex for a number of years, with no specific evidence of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tizanidine HCL 4mg #60 x 1 refill: Upheld

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

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

Decision rationale: This patient has been taking muscle relaxants for an extended period of time. There are no reports of muscle spasms in any of the recent medical reports. CA MTUS recommends non-sedating muscle relaxing for acute exacerbations and patients with chronic low back pain. Zanaflex has been used off label for low back pain according to MTUS as a first line agent. However, this patient has been using this medication for extended periods without evidence that it has decreased pain or increased function. In addition, MTUS recommends non-sedating muscle relaxants, this medication has a side effect of somnolence. CA MTUS 2009 states for muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004).