

Case Number:	CM13-0026105		
Date Assigned:	11/22/2013	Date of Injury:	09/01/2009
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology, and is licensed to practice in Florida. 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:

This patient is a 55-year-old female who reported an injury on 09/01/2009. Notes indicate that the patient has prior history of treatment for low back pain and bilateral knee pain. Objective evaluation of the patient noted limited flexion of 50 degrees in the lumbar spine with extension to 10 degrees secondary to pain. On palpation, the paravertebral muscles exhibited tenderness and a tight muscle band noted to both sides. Lumbar facet loading was negative to both sides and straight leg raise was positive on the right. Evaluation of the bilateral knees revealed no deformity, swelling, quadriceps atrophy, asymmetry, or malalignment. Tenderness to palpation was noted over the lateral and medial joint lines with no effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Zanaflex 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Tizanidine (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. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. This medication may also provide benefit as an adjunct treatment for fibromyalgia. The documentation submitted for review fails to detail on the most recent clinical examination of the patient that the patient has active muscle spasms. Given the above, the request for Zanaflex 2mg #30 is not medically necessary and appropriate.