

Case Number:	CM14-0016745		
Date Assigned:	04/11/2014	Date of Injury:	10/25/2010
Decision Date:	09/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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. The expert reviewer is Board Certified in Family 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 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/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 is a 40 year old male reported an industrial injury on 10/25/2010, almost four (4) years ago attributed to the performance of his customary job tasks. The patient complained of low back, upper back, and posterior neck pain. The patient reported gastritis for medication, insomnia, anxiety, and depression. The objective findings on examination included decreased range of motion with pain and tenderness. The diagnoses were sacroiliitis; cervicobrachial syndrome, probable posttraumatic hypertension, probable gastritis or medications, probable posttraumatic insomnia, probable pros dramatic anxiety depression, and lumbar disc protrusion. The patient was prescribed medications including Zanaflex 4 mg po b.i.d. #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine.

Decision rationale: The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are reported muscle spasms documented by the requesting provider while treating chronic neck and back pain over the last 4 years. There were no muscle spasms documented on examination and no documentation that the patient had acute muscle spasms for chronic neck and low back pain. Tizanidine is recommended as a second line muscle relaxer for acute muscle spasms. There is no demonstrated medical necessity for #90 Tizanidine for a BID prescription. The patient is prescribed Tizanidine 4 mg #90 on a routine basis routinely for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the California MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the California MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the California MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. There is no documented functional improvement with the prescription of Zanaflex. The patient is prescribed Zanaflex for muscle spasms to the lower back. The California MTUS does recommend Tizanidine for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity, but unlabeled, or off label use for chronic back pain.