

Case Number:	CM14-0120183		
Date Assigned:	09/16/2014	Date of Injury:	04/19/2011
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 North Carolina. 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:

The patient is a 40-year-old with a reported date of injury of 04/19/2011 that occurred as the result of lifting heavy boxes. The patient has the diagnoses of chronic pain, lumbago, lumbar disc displacement at L4/5 and lumbosacral neuritis. Past treatment modalities have included surgical intervention and physical therapy. Per the most recent progress notes provided by the requesting physician date 07/15/2014, the patient had complaints of intermittent stabbing low back pain with radiation of the pain with numbness and weakness of the left leg. The physical exam noted moderate tenderness in the lumbosacral spine and paraspinals muscles and decreased light touch and pinprick sensation along the left L5 dermatome. The treatment plan included left leg EMG, continuation of medication and psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg tablets: 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): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). (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). Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008). The requested medication is being used for the treatment of ongoing chronic low back pain. The medication is not supported for long-term use. The medication has not been prescribed for the acute flare-up of chronic low back pain. The patient does not have the diagnoses of spasticity. For these reasons guideline criteria for the use of this medication have not been met. Therefore the request is not certified.