

Case Number:	CM14-0121020		
Date Assigned:	08/06/2014	Date of Injury:	09/13/2010
Decision Date:	10/01/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation 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 61-year-old male with a 9/13/10 date of injury. The mechanism of injury occurred when he was driving and the truck fell onto the driver's side, injuring his neck and back. According to a progress report dated 7/14/14, the patient complained of neck and low back pain rated at 8-9/10 on the pain scale. He also had numbness into the left upper and lower extremities. According to an appeal note dated 7/9/14, the provider requested authorization of Zanaflex for the management of the patient's pain and spasms. He utilized it as needed and noted better sleep, decreased pain, and increased functionality. Objective findings: tenderness to palpation of lumbar spine, limited ROM of cervical, thoracic, and lumbar spine, sensation diminished in the L5 and S1 dermatomes. Diagnostic impression: multiple HNPs of lumbar spine with severe stenosis, canal stenosis of cervical spine, Grade 1 anterolisthesis at L3-4, retrolisthesis at L4-5 and L5-S1, cervicogenic headaches, pseudoarthrosis of C6-7. Treatment to date: medication management, activity modification, physical therapy, acupuncture, surgery. A UR decision dated 7/8/14 denied the request for Zanaflex. Guidelines indicate this is for short-term use and the patient has been prescribed muscle relaxants since at least July 2013 according to medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that 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. It is unclear how long the patient has been taking Zanaflex. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Zanaflex 4mg #180 was not medically necessary.