

Case Number:	CM14-0131364		
Date Assigned:	08/20/2014	Date of Injury:	01/23/2004
Decision Date:	12/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Ohio. 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 injured worker is a 47-year-old male with a date of injury of January 23, 2004. He has a history previously of a laminectomy/discectomy at L5-S1. He has a substantial history of substance abuse previously, primarily methamphetamine. His opioid doses had been accelerated in excess of 350 mg of morphine equivalency a day without substantial gains in analgesia or increases in functionality. Because of this, it was decided he would undergo a detoxification and induction on to Suboxone. He was weaned off of Soma as well and placed on Zanaflex 4 mg every 6 hours. During this transition process, his actual pain levels really were not discussed. A physical exam from February 26, 2014 revealed tenderness to palpation of the lumbar paraspinal musculature, ileo- lumbar and sacroiliac regions. A facet maneuver was equivocal and the neurologic exam was normal. To assist with his detoxification, the injured worker was also placed on clonidine in patch and oral form. The diagnoses include herniated lumbar disc, lumbar radiculitis, history of substance abuse, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (Zanaflex) 4mg #60 times 2: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Muscle relaxants (for pain)

Decision rationale: 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. Eight studies have demonstrated efficacy for low back pain. Weaning should occur gradually, particularly in patients that have had prolonged use. -To discontinue therapy, taper the dose in patients receiving high doses over long time periods to reduce the risk of hypertension, tachycardia and hypertonia. In this instance, the injured worker has been on high dose Tizanidine for what appears to be a couple of months. He has also been taking clonidine. Both of these medications are alpha agonists. The literature seems clear that weaning of Tizanidine ought to be done slowly. The intent here appears to be decreasing the Tizanidine from 4 mg every 6 hours to 4 mg every 12 hours. As weaning protocols for this medication are not abundant, the proposed treatment strategy certainly appears medically reasonable. Therefore, Tizanidine (Zanaflex) 4mg #60 times 2 is medically necessary.