

Case Number:	CM14-0165016		
Date Assigned:	10/09/2014	Date of Injury:	02/01/2002
Decision Date:	11/13/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine & Emergency Medicine, 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 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 patient is a 69-year-old with a date of injury of 02/01/2002. A progress report associated with the request for services, dated 08/13/2014, identified subjective complaints of low back pain. Objective findings included tenderness to palpation and decreased range of motion of the lumbar spine. Lumbar spasm was noted. Motor function was normal bilaterally. Diagnoses (paraphrased) included lumbar disc disease. Treatment had included rest, Zanaflex, and oral analgesics. A Utilization Review determination was rendered on 08/28/2014 recommending non-certification of "Zanaflex 6 mg, 180 count".

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6 mg, 180 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Section Page(s): 63 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Muscle Relaxants

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist antispasticity/antispasmodic muscle relaxant. Dosage recommended is 2-4 mg every eight hours

up to a maximum of 36 mg per day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight studies have shown efficacy of Tizanidine for low back pain (Chou 2007). Other authors recommend Tizanidine as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The Official Disability Guidelines (ODG) also state that muscle relaxants are commonly used for treatment of low back problems. They also note that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. The non-certification was based upon lack of documentation of acute muscle spasm and muscle relaxants as second-line therapy. However, the Guidelines do note that for low back pain, Tizanidine has shown longer-term efficacy. Therefore, in this case, the Guidelines indicate there is medical necessity for ongoing treatment with Tizanidine.