

Case Number:	CM14-0171989		
Date Assigned:	10/23/2014	Date of Injury:	01/31/2012
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 51-year-old male with the date of injury of January 31, 2012. The injured worker has documentation of chronic low back pain. Diagnostic work-up has included a lumbar MRI. This study demonstrated facet arthropathy, degenerative disc disease at L4-L5 and L5-S1, and mild stenosis. This is in accordance with a progress note on May, 20th 2014. The disputed issue in this request is a prescription for Zanaflex. This was denied in a utilization review determination on October 7, 2014. The stated rationale was that "the documentation does not suggest that the patient was experiencing an exacerbation of low back pain at the time of the 9/10/2014 reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Zanaflex 4 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution

as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; and unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, there is no documentation of liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex) is not medically necessary.