

Case Number:	CM14-0032824		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2013
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 and is licensed to practice in Texas. 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 38 year-old male who had work related injuries on 12/10/13. The injured worker was chasing a suspect down a hill near a creek while wearing his full duty gear when he slid and fell down a muddy slope area. As he fell, he had his right leg hyperextended and heard and felt a popping sensation in his right buttock, immediately followed by severe pain. An electrodiagnostic study (EMG) on 03/11/14 bilateral lower extremities showed acute right L5 lumbar radiculopathy. Spontaneous fibrillation that could have been indicative of acute L2, 3, or L4 lumbar radiculopathy. MRI of lumbar spine dated 01/20/14 3mm posterior disc bulging annular tear at L4-5. Spinal canal and neural foramina all levels widely patent. Disc at this level came closer touched the right L5 nerve root. 1.5mm posterior disc bulge at L5-S1. Mild right joint facet arthropathy at this level. Signal abnormality in the region of L5 pars interarticularis bilaterally. Pars defect may have been present. Follow up lumbar spine radiograph with oblique might be helpful to further evaluate this. Physical examination dated 05/20/14 well-nourished and well developmental. Mild to moderate pain. Normal gait. Range of motion restricted with flexion limited to 50 degrees and extension limited to 20 degrees. On palpation, paravertebral muscles, spasm and tenderness noted on both sides. Lumbar facet loading was negative on both sides. Negative straight leg raise was positive on the right side in sitting at 80 degrees. Motor strength of extensor hallucis longus was 4/5 on the right 5/5 on the left. Ankle dorsiflexors was 4/5 on the right and 5/5 on the left. Knee extensors hip flexors were rated 5/5 on both sides. Light touch to sensation was decrease over the L4 and L5 lower extremities dermatomes on the right side. Surgery was recommended for the patient because of findings of pars defect, it had been deferred to continue with exercises. The injured worker had physical therapy, medications. CT scan of lumbar spine dated 05/12/14 sclerosis of the right L5 pars interarticularis was present. No discrete defect was present. Left sided L5 pars defect was present. Vertebral bodies were

well aligned mild disc height loss at 45 and 51. Current medications ibuprofen 600mg three times daily. Ultram 50mg one at bedtime as needed. Neurontin 300mg one twice daily. Zanaflex 4mg one at bed time as needed. Tylenol extra strength two as needed for pain. Request was for Zanaflex #30 4mg. Prior utilization review on 02/26/14 for Zanaflex was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Zanaflex (tizanidine), Muscle Relaxants (for pain).

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

Decision rationale: FDA approved for management of spasticity; unlabeled use for low back pain. Side effects of this medication include somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). The clinical documents submitted for review does not support the request for Zanaflex. Therefore medical necessity has not been established and cannot be deemed as medically necessary.