MAXIMUS Federal Services

Case Number:	CM14-0052863		
Date Assigned:	07/07/2014	Date of Injury:	02/17/2007
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 38-year-old male with a work injury dated 2/10/07. The diagnoses include (1) Status post spinal fusion at L4-L5. (The CT myelogram postoperatively revealing fusion stable; however, there are signs of disk herniation at L5-S1 with extruded fragment, possibly compromising the left S 1 nerve root) (2) Depression, psychotic episodes, history of suicide attempt in the past (on psychotropic medications). (3) History of chronic neuropathic burning pain, left leg, and a history of insomnia related to pain and intermittent back spasms. Under consideration is a request for Zanaflex (Tizanidine) 6mg #60.There is a primary treating physician report dated 2/3/14 that state that the patient is reporting constant pain in his back, shooting pain in his left leg with severe leg cramps. He rates his pain 8/10. He reports at least 50% functional improvement with taking the medications forPain. He states he has been using the Butrans pain patches at 20 mcg/hour. He also is now usingNorco about 2 per day. He rates his pain score 8/10. He states he was previously seen by a Neurosurgeon who told him he might be surgical but wanted him to try some epidural injections or facet blocks or that he might be a candidate for a radiofrequency ablation procedure which might give him some relief. The patient states he since has had another epidural injection which gave him good relief for two weeks only and it has worn off. The patient is asking me to send him back to either try another epidural injection or send him to try the possible pain blocks or radiofrequency ablation procedure to see if this will help. He continues to suffer from constant depression but denies suicidal ideations. On exam the lower back exam reveals limited range. He can forward flex 30 degrees, extend 5 degrees with backpain. Right and left SLRs are both 80 degrees- causing left-sided back pain. Palpation reveals rigidity in the lumbar trunk with loss of lordotic curvature suggesting muscle spasm. He reports altered sensory loss at the left lateral calf and bottom of his

foot. He ambulates with a limp with the left lower extremity. Deep tendon reflexes are + 1 at the knees and ankles. Toes are down going to plantar reflex bilaterally, There is an October 17, 2013 document that states that the patient uses upwards of 2 Zanaflex 6 mg capsules a day to control muscle spasms in his back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex (Tizanidine) 6mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) , Tizanidine (Zanaflex, generic available) Page(s): 63, 65.

Decision rationale: The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. 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. The documentation submitted reveals that the patient has been on this medication dating back prior to October of 2013 and continues to complain of low back pain spasm. The request for continued Zanaflex (Tizanidine) 6mg #60 is not medically necessary.