

Case Number:	CM14-0073166		
Date Assigned:	07/16/2014	Date of Injury:	08/10/1998
Decision Date:	09/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 51-year-old male who reported an injury on 08/10/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 04/15/2014 indicated diagnoses of spinal lumbar degenerative disc disease, lumbar radiculopathy, and spinal thoracic degenerative disc disease. The injured worker reported back pain that radiated from low back down to both legs and lower backache. The injured worker rated his pain with medications as 6 on a scale of 1 to 10. He rated his pain without medications at 9 on a scale of 1 to 10. The injured worker reported his quality of sleep was fair. He reported he also tried participating in physical therapy for pain relief. He denied any new injuries since his last visit. The injured worker reported he was taking his medication as prescribed. The injured worker reported medication side effects included constipation. The physical examination of the thoracic spine revealed tenderness and tight muscle band was noted on both sides of the spinous process at T8. The lumbar spine examination revealed range of motion was restricted. The sensory examination was decreased over lateral foot, medial foot, and first toe on the left side. Sensation to pinprick was decreased over lateral foot, medial foot, and first toe on the left side. The injured worker's treatment plan included physical therapy, review of MRI, and refill of medications. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Norco, Zanaflex, and Cymbalta. The provider submitted a request for Zanaflex. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg 1 BID as needed #60 between 4/28/14 and 6/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation submitted did not indicate the injured worker had muscle spasms or acute exacerbations to the low back. In addition, there is a lack of documentation of efficacy and functional improvement with the use of Zanaflex. Therefore, the request for Zanaflex 2 mg 1 BID as needed #60 between 4/28/14 and 6/28/14 is not medically necessary and appropriate.